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☞INDEX ON ADVERTISEMENT PAGE 31.☜

TO PHYSICIANS.

BROMIDIA.

Formula.—Every *fluid drachm* contains 15 grs. EACH of pure Brom. Potas. and *purified* Chloral, and ½ gr. EACH of *gen. imp. ext.* Cannabis Ind. and Hyoscyam.

Dose.—*One-half* to *one fluid drachm* in WATER or SYRUP every hour until sleep is produced.

BROMIDIA is *the* Hynotic *par excellence.* It produces refreshing sleep, and is *exceedingly* valuable in sleeplessness, nervousness, neuralgia, headache, convulsions, colics, etc., and will relieve when *opiates fail. Unlike* preparations of opium *it does not lock up the secretions.* In the restlessness and delirium of Fevers *it is absolutely invaluable.*

IODIA.

Formula.—IODIA is a combination of Active Principles obtained from the green roots of Stillingia, Helonias, Saxifraga, Menispermum, and Aromatics. Each *fluid* drachm also contains *five* grains IOD. POTAS. and *three* grains PHOS. IRON.

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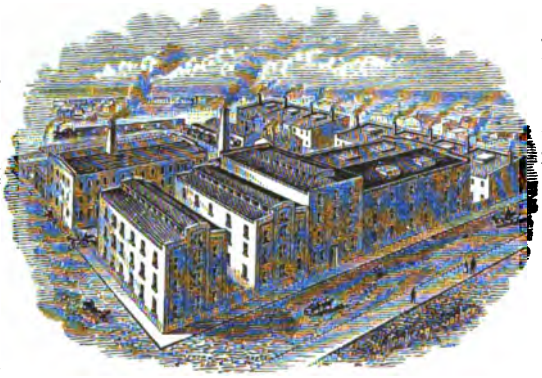

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COCALAC

FORMULA.—*Cocalac is a liquid extract of Genuine Coca and Pure Milk.*

DOSE.—*One or two tablespoonfuls three times a day, or oftener, as indicated.*

Physicians who use the genuine Coca *in the form of Cocalac*, are agreeably surprised to find that it is quite a different thing from the ordinary commercial Coca, which has generally lost its volative properties, and is, besides, usually adulterated, and hence is almost worthless.

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"St. Louis Chemical Co.,"

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TO THE MEDICAL PROFESSION.

CELERINA
—THE— NERVE-TONIC

FORMULA.—CELERINA is the *isolated*, active *nerve-toning* principle of Celery, Coca and Viburnum, *combined* in a pleasant *fluid* form.

DOSE.—One or two teaspoonfuls *three* or *more* times a day, as indicated.

Each fluid drachm represents three and one-half grains each—Celery, Coca, and Viburnum, combined with Aromatics.

CELERINA is *the* Nerve Tonic *sans pariel.* It *refreshes the tired brain*, and imparts tone and vigor to the entire nervous system; therefore, it is of the *utmost value* in Nervous Exhaustion, Sexual Debility, Paralysis, Dysmenorrhœa, Spermatorrhœa, Hysteria, Chorea, Weakness of old age, and *all* LANGUID conditions of the system.

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MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
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MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
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MALTINE with Phosphorus Comp.
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E. S. DUNSTER, M. D., Ann Harbor, Mich., Prof. Obs. and Dis. Women and Children University and in Dartmouth College.

THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

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HUNTER McGUIRE, M. D., Richmond, Va., Prof. of Surgery, Med. Col. of Virginia.

F. A. MARDEN, M. D., Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.

L. P. YANDELL, M. D., Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University, Louisville.

JOHN. A. LARRABEE, M. D., Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clincal Lecturer on Diseases of Children in the Hospital College of Medicine.

R. OGDEN DOREMUS, M. D., L.L.D., New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.

WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

E. F. INGALLS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

A. A. MEUNIER, M. D., Montreal, Canada, Prof. Victoria University.

H. F. BIGGAR, M. D., Prof. of Surgical and Medical Diseases of Women, Homœopathic Hospital College, Cleveland, Ohio.

DR. DOBELL, London, England, Consulting Physician to Royal Hospital for Diseases of the Chest.

DR. T. F. GRIMSDALE, Liverpool, England, Consulting Physician, Ladies' Charity and Lying-in-Hospital.

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N. B.—The doses prescribed are for adults; for children the dose must be diminished according to their age.

As an Internal Remedy in Diarrhœa, Dysentery, Night-sweats, Hemorrhage, or Profuse Expectoration, mix one part of the extract with five of warm water; let it cool and take a teaspoonful of the solution ever three hours or oftener, as the case may require.

For Leucorrhea and other Vaginal Diseases, dissolve a tablespoonful or two in a pint of warm water and inject twice a day. In obstinate cases a stronger solution should be used.

For Protruding or Itching Piles, mix one-fourth of glycerine and apply often as convenient. Fissures of the Anus, Sores, Ulcers, Burns, or Scalds, the extract should be applied in its full strength.

For Catarrh, dissolve a teaspoonful of the extract and a teaspoonful of salt in a pint of warm water and inject into the nostrils with a nasal douche twice a day.

For Sore Throat, dissolve a tablespoonful of the extract in half pint warm water, let it cool, and apply as a gargle repeatedly during the day.

For Gonorrhœa or Gleet, mix one part of extract in with three of water; inject two or three times a day.

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SOLUBLE BEEF.
PEPTONIZED & GRANULATED.

We have now perfected this preparation, and offer it to the Profession as one on which they may place the most implicit reliance as affording tissue nutriment to the sick, convalescent, and invalid. Our Soluble Beef has been subjected to an exhaustive chemical analysis, by Professor Adolph Tsheppe, of New York, who has given a great deal of attention to the subject of Albuminous foods, and also has investigated very thoroughly the various Meat Extracts and Essences in the market, showing their almost entire absence of the albuminoids, and hence their comparatively small value as food for invalids.

ANALYSIS OF
SCOTT & BOWNE'S SOLUBLE BEEF
"GRANULATED."

Water	*11.82*
Ash or Mineral Substance	*14.66*
Peptones Total	*38.65*
Soluble Extractive Matter	*34.87*
	100.

Messrs. SCOTT & BOWNE: 1090 PARK AVENUE, NEW YORK, December 4, 1881.

Gentlemen: Conforming with your request to examine your preparation "Soluble Beef," I have done so, and give you Chemical Analysis as above. While your preparation embodies all the constituents of the ordinary Beef Extracts, there is a net gain of nearly fifty per cent of the nutritious protein substances in the SOLUBLE state; twenty-two per cent Peptonized and available for immediate assimilation; while the accustomed Beef Extracts are either devoid of them, or do not contain them in the dissolved state. Your choice of the granulated condition is commendable for its insured keeping qualities, as well as from the economical stand-point of the buyer.

ADOLPH TSHEPPE, P. D.

In the preparation of SCOTT & BOWNE'S SOLUBLE BEEF, we claim to have accomplished very fully what the demands of the Profession have been, viz.: To furnish to their patients a liquid food possessing the actual elements of the meat, in as nearly as practicable a digested form, ready for being easily admitted into the system. It is well known by a majority of the medical profession that beef tea made by the house wife, by boiling the meat, or beef tea made from Beef Extracts of the Liebig process, contain none of the protein substance of the meat. That patients fed on it slowly starve, which facts are conclusively proven by analysis, and which are also sustained by accurate clinical observation. It is absolutely essential that the patient should have the Proteids of the meat in the most digestible form possible, and this has been very fully accomplished by our process, in our Soluble Beef. The meat is selected from fine healthy bullocks, about four years old, and by a process that we worked out after more than a year of continued experiments, the soluble substances constituting the accustomed Beef Extracts, as well as a large portion of the otherwise insoluble meat fibre containing the nutritive constituents, is dissolved and peptonized ready for absorption, with but very little aid from the digestive organs. While the yield in the ordinary method of extraction is about 3 per cent, by our method it is 12 to 15 per cent. In other words, for every three parts of the ordinary Beef Extract having only stimulating properties, there are 9 to 12 parts of dissolved nutritious matter present in our preparation in addition to the stimulating properties common to other Extracts. We beg leave to call your special attention to this fact, *as in this our preparation differs* materially from all other Beef Extracts now in the market. The process could be carried farther, but as there is only from 12 to 15 per cent of residuum left devoid of taste or smell, we believe we have exhausted about all that is useful as food, and we can assure the Profession that a trial of this preparation, noting carefully its effects, will prove its wonderfully nutritious properties. As an enema, its highly nourishing properties are exhibited. Samples sent free upon application.

SCOTT'S EMULSION
PURE COD LIVER OIL, WITH
HYPOPHOSPHITES OF LIME AND SODA.
PERFECT. PERMANENT. PALATABLE.

The well known virtues of this preparation that has now been before the profession for a number of years, hardly requires comment from us. But we desire for the information of those whose attention may not have been directed to it, to present the following facts:

FIRST—We use in the manufacture of our Emulsion, Cod Liver Oil that is prepared expressly for us, and is strictly pure, which is the most important consideration to the Physician.

SECOND—By our process of Emulsifying, we so thoroughly incorporate the Oil with the Hypophosphite Salts, that the mixture is perfectly homogeneous and remains in that condition without the slightest separation or change for years, unless exposed to the air or intense heat.

THIRD—It is so palatable and easy of digestion, that it can be administered to children and persons with most sensitive stomachs without the slightest repugnance, and we are confident, from the results that have been obtained in the use of this preparation, and the flattering testimonials we have received from prominent physicians, that the proper manner of administering Cod Liver Oil, even to patients that can tolerate the crude oil, is in the form of a palatable and easily digested Emulsion. There are some in the profession that adhere to the use of the plain oil, but with all due deference, if they will make a trial of our Emulsion, we believe their prejudices will be removed, and they will find it much more beneficial to their patients.

With all the numerous Foods, Cereals and so-called Constructive Agents of uncertain value that are being introduced, the physician must sometimes be at a loss to know what to prescribe. But we are assured that the profession will bear us out in the statement that in all Pulmonary troubles, especially where the lung tissue is involved, in Scrofulous children and in Anæmic women of consumptive tendencies, as well as in general nervous debility, our combination will produce results, if properly administered, unequaled by any other preparation, and most satisfactory to the physician and patient. We most respectfully ask those who have never prescribed or seen its results, to give it a trial, and if you desire to make a personal inspection of it, we will be pleased to send a sample by express, prepaid.

FORMULA—50 per cent of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce. Emulsified with mucilage and glycerine.

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The Alkaloids of Cinchona Bark Before Isolation—Fifteen per cent of Quinia, fifteen per cent Quinidia, fifteen per cent Cinchonidia, twenty-five per cent Cinchonia, and thirty per cent of Chinoidine (Purified Alkaloid).

ELIXIR QUINQUINIA.

(One Grain in each Fluid Drachm).

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(One Grain Quinquinia, Two Grains Iron, One-sixtieth Grain Strychnia in each Drachm.)

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We ask the attention of physicians to this natural combination of the alkaloids of Cinchona Bark, having satisfied ourselves that it actually possesses the properties and advantages claimed by Charles T. White & Co., the chemists who manufacture it and brought it to the notice of medical men. It has been long used in hospital, dispensary and private practice with uniformly good results, the pamphlet they issue giving many testimonials to that effect from leading physicians in the United States. The experience of these physicians, whose published statements in regard to its antiperiodic and tonic effects are so satisfactory, is daily confirmed by letters received from others who have tested it more recently. In addition to the data given by them, we have received from our representatives, who come into personal contact with so many doctors all over the United States, most convincing proofs of the admirable therapeutic results arising from its administration; the claim being urged positively that, grain for grain, it is as efficient as Sulphate of Quinine, with the advantages of not being nearly so apt to induce cerebral excitement, and of proving more lasting in its antiperiodic influence, a superiority always claimed for the mixed alkaloids and the bark over the single salt, and, we believe, deservedly. So confident are we of the great value of Quinquinia, as manufactured by this firm, that we have secured their entire product, believing that as soon as its merits are generally known it will be preferred in a large majority of cases to Sulphate of Quinine or Cinchonidia, being, at least, their equal in therapeutic value, with the important advantage that we shall be able to supply it at a much less cost. Implicit reliance can be placed on its always being furnished of exact strength and uniform quality by the chemists who prepare it, the entire line of chemicals they manufacture being unexcelled—rarely, indeed, equaled—by the products of any laboratory in the world. We shall be glad to send their pamphlet, giving full details of clinical reports, etc., etc., and sufficient of the Compressed Tablets of Quinquinia to test their merits by actual use to any physician who may desire them. As we are unable to send the Elixir by mail, we will take pleasure in sending by express a sample of either, with printed matter, etc., to physicians who will pay charges.

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Manufacturing Chemists, ***PHILADELPHIA.***

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Continued From the Feb. Number of the "MEDICAL BRIEF."

—THE—

GREAT STANDARD REMEDY OF THE DAY,

THE VIBURNUM COMPOUND

OF DR. HAYDEN.

TESTIMONIALS CONTINUED.

Testimonials and Opinions of Numerous Physicians on the Merits of

HAYDEN'S "VIBURNUM COMPOUND":

T. H. McNally, M. D., Norwich, Conn., has prescribed Hayden's Viburnum Compound for a long time.

L. M. Sproque, M. D., Norwich, Conn., prescribes Hayden's Viburnum Compound with satisfaction.

J. V. Wilson, M. D., Norwich, Conn., says: Hayden's Viburnum Compound is a very good preparation.

T. Morton Hills, M. D., Willimantic, Conn., has employed Hayden's Viburnum Compound for years.

Chas. J. Fox, M. D., Willimantic, Conn., says: Hayden's Viburnum Compound is a splendid remedy.

E. R. Lewis, M. D., Westerly, R. I., has used a great deal of Hayden's Viburnum Compound; has patients who can not be without it.

Dr. Knowles, Middletown, Conn., prescribes Hayden's Viburnum Compound.

Chas. E. Brayton, M. D., Stonington, Conn., has prescribed Hayden's Viburnum Compound for years; generally with good results.

F. N. Braman, M. D., New London, Conn., says he has used Hayden's Viburnum Compound for years with good effects, and that it is a good article.

O. H. Jewell, M. D., New London, Conn., says Hayden's Viburnum Compound is a grand good thing.

R. A. Manwaring, M. D., New London, Conn., prescribes Hayden's Viburnum Compound.

Drs. G. B. & G. F. Hawley, Hartford, Conn., have prescribed Hayden's Viburnum Compound for years.

H. S. Fuller, M. D., Hartford, Conn., has a very good opinion of Hayden's Viburnum Compound.

Charles H. S. Davis, M. D., Meriden, Conn., has prescribed Hayden's Viburnum Compound for years, and says it is a grand good remedy.

Dr. Spinner, West Meriden, Conn., has used Hayden's Viburnum Compound and says it worked nicely.

B. D. Peltier, M. D., Hartford, Conn., says Hayden's Viburnum Compound is a good remedy.

C. H. Bill, M. D., Bridgeport, Conn., has prescribed Hayden's Viburnum Compound three or four years.

Anna M. Middlebrook, M. D., graduate of the Women's College, New York, commends Hayden's Viburnum Compound highly.

C. W. Sheffrey, M. D., Bridgeport, Conn., prescribes Hayden's Viburnum Compound.

Dr. Porter, Bridgeport, Conn., uses a great deal of Hayden's Viburnum Compound in his practice, and says it is a good thing.

G. F. Lewis, M. D., Bridgeport, Conn., prescribes Hayden's Viburnum Compound, and is pretty well pleased with it.

F. J. Young, M. D., Bridgeport, Conn., has used Hayden's Viburnum Compound for years, and says that it is the best thing he has ever found for Dysmenorrhœa.

Dr. Munson, East Bridgeport, Conn., Surgeon in the Army, has used Hayden's Viburnum Compound for years. First rate thing.

FARMVILLE, PITT CO., N. C., Jan'y 14, 1878.
NEW YORK PHARMACEUTICAL CO.—
Gents:—I am out of "Hayden's Viburnum Compound," and as it has become almost an indispensable article in my treatment of disease, I want you to send me half a gallon by express.
J. N. BYNUM, M. D.

Professor Thomas, the eminent Gynæcologist of New York, prescribes and recommends the Viburnum Compound.

Dr. Winslow Lewis, of Boston, the distinguished surgeon and personal friend of Sir Astley Cooper, was so greatly pleased with the effects of the Viburnum Compound that he once said: ***"I will give my affidavit for Hayden's Viburnum Compound."***

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HORLICK'S FOOD,

FOR

INFANTS AND INVALIDS.

DR. ABRAHAM JACOBI,

President of the New York Medical Society, in the anniversary address recently delivered before that body, says: "HORLICK'S FOOD is deserving of more favorable mention than others, as it is a food in which the starch has been converted into dextrine and grape sugar, and is, therefore, more easily digested." *Philadelphia Medical News*, No. 7, Vol. XI.

DR. J. LEWIS SMITH,

Professor of diseases of children in Bellevue Hospital Medical College, New York, author of a treatise on diseases of infancy and childhood, etc. (p. 646, ed. of 1879), in speaking of the *Treatment of Intestinal Catarrh in Infancy*, says: "I prefer LIEBIG'S FOOD, especially HORLICK'S preparation of it, since in this food the starch is converted into glucose and dextrine." On page 710 of the last edition (1881) we find the following: "*The one food in the shops which, on account of its excellence, merits most the confidence of the profession, is Liebig's as now prepared by Horlick.*"

DR. CARL SEILER,

The eminent microscopist of Philadelphia, having made an examination of the best known Infants' foods, places HORLICK'S FOOD at the head of the list. He considers it the best infant food manufactured. *Medical Gazette*, August 5, 1882.

DR. GEORGE B. FOWLER,

Late Instructor in Physiology, College of Physicians and Surgeons, New York, etc., lately examined microscopically the best known infants' food in the market, and places HORLICK'S FOOD first.

American Journal of Obstetrics and Diseases of Women and Children. Vol. XV., No. 11, April, 1882.

HORLICK'S FOOD is used in the Children's Hospital of New York, Boston, Philadelphia, Baltimore, Chicago, St. Louis, Cincinnati, Cleveland, San Francisco, &c., &c.

Price: 8 oz., 40 cts.; 18 oz., 75 cts.

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Fluid Cosmoline [*Petroleol*] is a fixed oil of Petroleum, a pure hydrocarbon prepared expressly for medical use. From it all the volatile and otherwise offensive properties of the crude Petroleum have been separated, without the aid of chemicals. Perfectly indifferent to atmospheric action, it remains inalterable in any climate. It is neutral in reaction, bland, soothing, cooling, and may therefore be applied to the most sensitive conditions without irritation. Flowing at 32° Fahr., it may be used either alone or as a menstruum for injections. Not evaporating below 325° Fahr., it may be warmed to any temperature the body can endure. It will be found excellent to relax the skin, to protect irritated surfaces from the air, and to use as a constituent in liniments, ointments and plasters, where an emollient is needed. For these, and many other purposes, obvious to the medical profession, it will be found superior to olive oil, or to any vegetable or animal oils, which undergo decomposition, and turn rancid. It contains no foreign ingredient.

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BEEF PEPTONOIDS

A CONCENTRATED POWDERED BEEF, PARTIALLY DIGESTED AND COMBINED WITH AN EQUAL PORTION OF GLUTEN.

We have pleasure in presenting, for the consideration of the Medical profession, "BEEF PEPTONOIDS." We consider this product the most valuable that ever emanated from our Laboratory, and we feel confident it will be welcomed by the Profession in all parts of the world.

BEEF PEPTONOIDS contains *only* the *nutritious portions* of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquescense, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef.

Four ounces of BEEF PEPTONOIDS represents as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of BEEF PEPTONOIDS contains more nutritive elements than ten pounds of any extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of BEEF PEPTONOIDS are perfectly adapted to the *elimination* of all inert portions of Beef, and the *retention* of all the nutritive constituents.

BEEF PEPTONOIDS *is much less expensive than any other preparation in the market, as it contains neither water nor inert matter.*

The favor our preparation of BEEF PEPTONOIDS received at the hands of DRS. AGNEW, HAMILTON, BLISS, REYBURN, WOODWARD, BARNES, ETC., the corps of eminent Physicians, who employed the preparation with so much advantage in the treatment of the late PRESIDENT GARFIELD, proves conclusively its great value, not only as a food to be taken by the mouth, but also, how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of DR. D. W. BLISS, in New York *Medical Record*, July 15, 1882, in which he so frequently refers to BEEF PEPTONOIDS, having been used to so great an advantage, not only in the case of the late PRESIDENT GARFIELD, but many others as well.

We employ a reliable and experienced person to select the Beeves before they are slaughtered, and to superintend the killing and dressing. Great care is exercised in this respect, and none except the most healthy and suitable Beeves are employed in making our BEEF PEPTONOIDS.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

The use of BEEF PEPTONOIDS is indicated as follows:

Convalescence from all diseases, Fevers, Pneumonia, Weak Digestion, Diarrhœa, Dysentery, Phthisis, Cholera Infantum, Marasmus, Sea Sickness, Excessive use of Alcoholic Stimulants, Per Rectum in all cases where the stomach can not digest the food, and in debility resulting from any cause. Also, a valuable adjunct in voyages and camp life.

We will be pleased to have the Profession everywhere test our assertions regarding this preparation, and for that purpose we will be happy to mail a sample to any regular practitioner desiring it; also circulars fully explanatory.

Thanking the Profession for generous support in the past, we beg to remain,

Very Respectfully,

REED & CARNRICK,

182 FULTON ST., NEW YORK.

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To the Medical Profession.

LACTOPEPTINE

DEMONSTRATED SUPERIORITY OF LACTOPEPTINE AS A DIGESTIVE AGENT.

Certificate of Composition and Properties of Lactopeptine by Prof. ATTFIELD, Ph. D., F. R. S., F. I. C., F. C. S., Prof. of Practical Chem. to the Pharmaceutical Society of Great Britain.

LONDON, May 3, 1883.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with satisfactory results—its formula, which is stated on the bottles, and its general characters have become well known to me. But recently, the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them and also mix them myself, and to prepare *Lacopeptine* from ingredients made under my own direction, doing all this with the object of certifying that *Lactopeptine* is what its makers profess it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed *Lacopeptine* is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, *Lactopeptine* is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being desseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the "pancreatin," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin I have only met with one European or American specimen equal to that made and used by the manufacturer of *Lactopeptine*. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than *Lactopeptine* containing the same weight of the same pepsin. Sooner or later, however, the action of the *Lactopeptine* overtakes and outstrips that of pepsin alone, due, no doubt to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the *Lactopeptine*. My conclusion is that *Lactopeptine* is a most valuable digesting agent. and superior to pepsin alone.

JOHN ATTFIELD.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle. thus combining all the principles required to promote a Healthy Digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas and salivary glands, and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....40 ounces.	Veg. Ptyalin or Diastase.....4 drachms.
Pepsin.....8 ounces.	Lactic Acid.....5 fl. drachms.
Pancreatine.....6 ounces.	Hydrochloric Acid.....5 fl. drachms.

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the profession.

ALFRED L. LOOMIS, M. D., *Prof. of Pathology and Practice of Med., University of the City of New York.*

SAMUEL R. PERCY, M. D., *Prof. of Materia Medica, New York, Medical College.*

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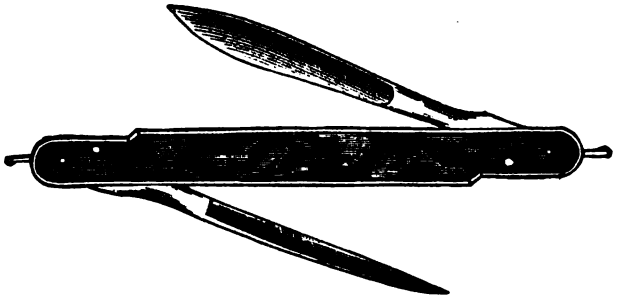

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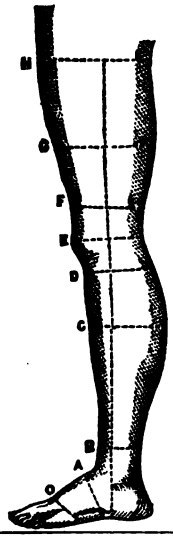

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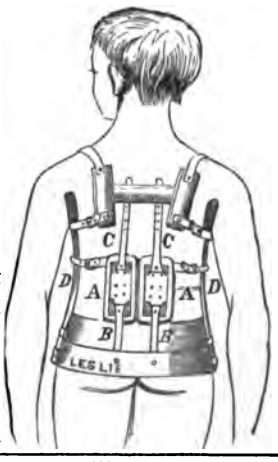

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[For the Brief.]

Clinical Cases.

BY JOS. L. BAUER, M. D.,

Lecturer on Genito-Urinary Surgery, St. Louis College of Physicians and Surgeons; Surgeon to St. Mary's Hospital.

DIFFUSE OSTEO—MYELITIS OF THE TIBIA—RESECTION—TREPHINING—IMPROVEMENT—RECURRENCE—AMPUTATION—RECOVERY.

EDITOR MEDICAL BRIEF:—My friend, Dr. Chas. Garcia, attending physician to St. Mary's Hospital, requested me to see C. S., about forty years of age. The patient presented a bunch of fungoid granulations upon the shaft of the tibia of the right leg, a little below and to the outside of the attachment of the ligamentum patellæ. His general appearance indicated purulent absorption. A probe was inserted into the fistulous tracts, out of which the granulations sprouted, resulting in the discovery of dead bone. The debilitated condition of the patient necessitated immediate operation.

Accordingly, with the kind assistance of Drs. Garcia and Waldo Briggs, an incision was made over the tibia, the tissues and the tibialis anticus muscle loosened, so as to lay bare a large surface of the periosteum. This procedure exposed a piece of bone of pyramidal shape, denuded of periosteum, and isolated from what appeared to be healthy osseous structure with its periosteum intact. With the aid of elevators and chisel, this piece of bone was removed. Beneath this was found a large amount of pus, which had almost completely destroyed the medullary substance, and had created a long channel leading into the inferior portion of the tibia. About three inches above the ankle-joint a pustule had made its appearance, over the tibia. My suspicions were aroused that a perforation of the bone had taken place there also. To ascertain this and for a better drainage of the medullary abscess, the bone was trephined in this position, and our suppositions verified. The connection of the abscess between the upper and lower third of the bone was clearly demonstrated. Accordingly, the whole cavity was thoroughly syringed and cleansed of all purulent detritus, the medullary cav-

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ity, above and below, carefully scraped of all diseased structure, and filled with antiseptic cotton.

The patient got along nicely; healthy granulations sprang up on all sides of the internal surface of the tibia, and his general health and appearance improved relatively.

About two weeks after the operation both tibial condyles began to enlarge, but more especially the internal one; nocturnal pains became unbearable; pain on pressure was significant; constitutional infection was renewed. Abscess of the condyles was suspected, and trephining suggested. The patient became obstreperous, and preferred to die. About two weeks afterward he concluded to submit to any operation deemed necessary to prevent a fatal issue. By this time the articulation itself was involved, so that amputation was the only alternative. This was performed above the knee. The low vitality of the patient prevented rapid agglutination of the flaps; indeed, we feared gangrenous destruction. But a liberal use of iodoform restored the stump to proper vitality. Hospital air, food and purulent infection had told upon our patient's constitution, and when he left the hospital for better hygienic surroundings, symptoms of pulmonary metastasis set in. The outcome of these symptoms has not been learned.

CHANCROID IN THE SULCUS OF THE CORONA GLANDIS—TREATMENT—RECOVERY.

C. B., aged twenty, presented three chancroids in the situation stated above. Iodoform in powder was spread over the ulcers, and recovery took place within a week.

HYPERÆSTHESIA OF THE DEEP URETHRA—PSYCHICAL IMPOTENCY—SPASM OF CREMASTER MUSCLE—INTENSE HYPOCHONDRIA—TREATMENT—RECOVERY.

C. B., aged twenty-nine, corresponded with me in relation to some genital trouble which, he feared, would incapacitate him in fulfilling his prospective marital contract. I advised him to come to St. Louis and undergo a careful examination before I could express an opinion in regard to his ailment. This he did, and resulted in eliciting the following history and diagnosis:

The patient had masturbated since he was fourteen years of age, ceasing this practice two years before consulting me. A free perusal of quackish literature and advertisements; frequent and lengthy correspondence with the "knowing ones," imbued him with the idea of spermatorrhœa and prospective annihilation. A gleety discharge added to his discomfiture; this was invariably expressed to his "confiding" physicians, submitted to a "thorough microscopic examination," and live spermatozoons in abundance were always discovered. It can readily be inferred that a well-tapped pocket-book and intense psychical strain could not but present a melancholy picture.

The sexual organs were diminutive and flabby; the testicle rose and fell as the cremasteric spasm was more or less intense; the prostate gland was normal in size, but slightly sensitive; the membranous urethra was also sensitive to the finger, in the rectum; introduction of the bulbous bougie into the urethra produced intense pain along the urethra, but more especially in the prostato-membranous portion; withdrawing it, the normal membranous fold could be detected four and one-half inches from the meatus. This hyperæsthetic state of the nerve papillæ terminating in the urethra produced numerous reflex symptoms, and was probably the cause of failure in attempted coitus about two months previously. The viscid mucus discharge could be attributed to the effect of nerve hyperæsthesia upon the mucous membrane, and not, as Gross would desire us to believe, the membranous fold or stricture (?).

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The following treatment was pursued: Aperient pills, quinine and atropia internally, opium and belladonna suppositories in the rectum, iodoform and morphia suppositories in the urethra; the negative electrode of the galvanic battery alternately in the urethra and rectum, and the positive pole over the genital centre in the lumbar portion of the spinal cord. This treatment was strictly sedative in its nature, and produced the exact effect desired. But, in order to calm the mental fears of our patient, something besides personal assurances were necessary. Others had advised him in the same manner, and yet he remained in the same position as before. Hence a *practical* proof of restored sexual ability was required. I therefore advised sexual connection, to which my patient acceded. My anticipations were fully realized, and my patient returned home fully assured as to his recovery.

ORGANIC STRICTURE OF THE URETHRA ALMOST IMPERMEABLE — NUMEROUS URINARY FISTULÆ—TREATMENT BY CONTINUOUS DILATATION.

J. K., aged twenty-four, was sent to my clinic for treatment. Examination and history elicited the occurrence of numerous attacks of gonorrhœa, with gradual diminution of urinary stream and urethral calibre. Urinary infiltration and fistulæ in the perineum had undermined patient's constitution, and symptoms of renal complications were present. A surgeon of prominence had suggested perineal section, to which the patient objected. I made an effort to introduce No. 3 English catheter, but failed, and could introduce No. 1 with difficulty. This I allowed to remain in twenty-four hours, and substituted succeeding sizes in the same measure of time until No. 14 was reached. Some urine escaped alongside of the instrument and out of the fistulous tracts until No. 6 was reached, when this abated. This could be accounted for on the ground of abnormal dilatation posterior to the stricture. When the closure of the tracts was assured, and the general condition of my patient materially improved, I omitted several sizes and commenced to use the steel sound. Rapid dilatation produced some pain, and caused him to fear further manipulation; hence he stopped treatment. I have since been informed (now three months) that he is, to all intents and purposes, well, and not a sufferer by the supposed mpracticable treatment (?), wherein formidable urethrotomes and divulsors played no part. St. Louis, Mo.

[For the Brief.]

Goitre.

EDITOR MEDICAL BRIEF:—An inquiry is made in the November number of the BRIEF, by W. H. Baker, M. D., Lynchburg, Va., for the best and most successful plan of treatment for a goitre case that he has been treating for four months, without success. Allow me to suggest a plan that proved entirely successful in my hands, when the iodine treatment and all other treatment failed. Instead of the injections, make an ointment compound of:

R. Acetate Morphia.....8 grains.
Iod. Mercury.....6 grains.
Lard.....1 ounce.

M. Sig.: Have your patient to apply freely to the enlarged thyroid one or twice daily, night and morning.

Rub this well with some hard, smooth substance, such as a tooth-brush handle, and at the same time apply heat so as to produce a rapid absorption of the ointment. For internal use give two drops tinct. veratrum, three drops tinct. digitalis, in a little water, three times daily, or oftener if any irregular heart-action is noticed. Try the above and report.

H. Sharples, M. D., Fairbanks, Ind.: I think an autopsy in the case you report would have shown evidence of embolism. N. H. REEVE, M. D. Union Depot, Tenn.

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[For the Brief.]

Ante-Natal Singultus, and Retained Secundines.

EDITOR MEDICAL BRIEF:—On the 15th of last May, Mr. J. came to my office and stated that his wife was suffering with pains in her abdomen, and he supposed that she had colic. He said she was pregnant, then, about eight months. He stated that the fœtus was constantly kicking—so hard, at times, that he could feel the shock when lying by the side of his wife. I inquired if it hiccoughed, but he did not know of such a sound made by the unborn. I asked him to listen and report. I assured him that the infant was sick; I was certain of it because of this constant kicking. He knew nothing more about his wife's condition, pathologically, of course; her previous health was excellent; she was also a primipara. I told him to give her salts, seidlitz or oil, so as to move her bowels freely; and I sent her ten-grain doses of the following mixture, known by some doctors as the "improved Dover's powder:"

R. Brom. Potass. (granul.) 1 ounce.
Pulv. Opii..... 30 grains.
Pulv. Ipecac.....60 grains.
To be thoroughly mixed; the ten grain dose to be repeated every fifteen to thirty minutes, until pains are controlled.

I told him to let me hear from her in a few days; no report. I was sent for to attend her on the 8th of June. She had not taken a purge, as I had directed. This day she had taken senna tea, and the bowels had moved copiously. She was in labor, but nature, good mother, was doing her best to retain the infant, by closing the os at each pain. Her time was not up. This closing or hardening of the os is an invariable sign of spurious pains or premature labor. I believe they call it rigid os. Well, that is as good a name as any; it is rigid, but it points to a mistake in the count; the "sands of time" have not numbered the hour for mature casting of the fruit; it may be a day, a week or a month. I placed my ear over uterine tumor; no placental souffle. I heard the little heart's tremulous beat; then a sob by the fœtus, like a babe who had wept itself to sleep; then the little heart ceased to beat for a few moments; then the trembling and sob again. I gave quinine promptly, but in an hour or two the heart ceased—the fœtus was dead. Now, I do not like ergot, but I gave it after the death of the fœtus, and the pains came on by contraries until the child was born. I endeavored to resuscitate, but in vain, of course. In about fifteen minutes I tried for the placenta, but found the os most obstinately closed, and I waited half an hour; patient gay; no hemorrhage. I tried again, but the womb firmly refused to give up its contents. I placed my patient in position and essayed to introduce my hand into the womb, but I could not so much as introduce my finger into the os. I made a glorious failure and acknowledged it. Hours passed, still the same; and I treated my patient to celerina, and went home. Sent over a Davidson's syringe and had injected a cold infusion of wild-cherry bark twice daily. On the 11th patient had severe rigors, and is restless and starts while sleeping. Stopped the celerina and gave ergot again; stopped wild-cherry infusion and used a weak solution of carbolic acid instead, and succeeded in making things smell of carbolic acid worse than the putrid shreds that were passing. On the 12th I found no change, save more tender over womb. Has had another rigor; continued acid, in warm solution, often; gave her three grains sulph. cinchonidia and five grains Dover's powders, U. S. P., every three hours. 13th—Can introduce finger into os and tear off hard pieces from placenta, like kidney; continued treatment. 14th—About the same, save comfortable. 15th, 5 P. M.—I hastened to my patient; the secundines have passed.

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The placenta was a large mass of liver-kidney structure, about four inches in diameter, nearly globular. A few more good washings with Davidson and a little more celerina completed the cure.

I was not uneasy about losing the life of my patient because I had lost the placenta. I reported a case in the *A. M. Journal*, pages 401 and 464, 1880, where I lost the fœtus' head and secundines, and never heard from them until after twenty days! Patient lived, of course.

This last infant was hiccoughing when Mr. J came to me first. Of the grannies at this place I inquired about pre-natal hiccough, also of others and of my sister, and they have heard the sound, but never thought it of any consequence. Women usually think that they are bound to suffer a hundred deaths while pregnant, and religiously submit to the "will of God." Stuff! God wills no suffering to the countless millions of His daughters; but His dear sons will it different, and kick up their heels and go it loose. D. F. CECIL, M. D.

Prairie Du Rocher, Ill.

[For the Brief.]

Enlarged and Indurated Spleen.

EDITOR MEDICAL BRIEF:—In November BRIEF, Dr. D. McCadum wishes a remedy for enlarged and indurated spleen, so commonly met with throughout the Southwest. In reply, I offer him the following prescription, which has proved the best remedy I have been able to offer for the last ten years:

R. Sulph. Cinchon.....1½ drachms.
Sulph. Iron pul.....1½ drachms.
Sulphuric Acid Arom..2 drachms.
Sulph. Magnesia.....1½ ounces.
Nitric Acid.....30 drops.
Aquæ Dist.....10 ounces.

M. Sig.: Tablespoonful three times daily, before meals.

Dissolve the cinchonidia in the acids, add a little of the water, then the iron; mix all, after well dissolved.

Des Arc, Ark. J. W. BURNEY, M.D.

[For the Brief.]

Treatment of Prostatitis, with Cases, etc.

EDITOR MEDICAL BRIEF:—Dr. Brock asks for treatment of his case, "chronic prostatitis," in April BRIEF, page 209. As no one answered it, I will suggest the following preparations:

R. Elix. Potass. Brom. et
Chlor. Hyd..... 2 drachms.
Syr. Zingiber.....½ drachm.

M. Sig.: One dose at nine P. M., and repeat in three hours, if not asleep.

I would also recommend a vapor bath, by means of hot bricks wrapped in wet towels (especially if in any pain), applied to the parts and bowels, emptied by an enema of warm water.

If convenient, the cure would be hastened by introducing Mitchell's medicated bougies, liq. iodi co. (No. 28), then iodoform (No. 26).

Cases—Harvey Light, aged sixty-two, of Modesto, cured of same disease in two months; had been troubled some three years.

W. B., of same disease, aged forty-five, for two years; same treatment; had strictures, which were treated by gradual dilatation with Leonard's utero metric sound; cured in three weeks. He had a muco-purulent discharge and painful erections at night.

David Monroe, aged seventy-two, disease of twenty years' standing; precisely same treatment as recommended for Dr. Brock is now being used, with good effects.

Dr. Stigleman, in January BRIEF, asks treatment for an obstinate case of erysipelas. I would advise Dr. Rothe's application, which is entirely painless, curing the disease in three or four days, viz.:

R. Acid. Carbol.....1 ounce.
Tinct. Iodini.....1 ounce.
Spt. Vini.....1 ounce.
Glycerinæ.....5 ounces.
Ol. Terebinth.....2 ounces.

M. Sig.: Pencil inflamed skin and its vicinity every two hours. If any fever, use quinine, and follow for three or four weeks with tr. ferri mur., fifteen drops, 4 times a day.

Modesto, Cal. A. A. GILMOUR, M. D.

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[For the Brief.]

Pneumonia.

EDITOR MEDICAL BRIEF:—I, with Dr. Stinson, have observed the conflicting opinions of medical gentlemen on the subject of pneumonia and other diseases, but especially of pneumonia, and wonder if we shall ever have the honor of arriving at the dignity of a science either in diagnosis or therapeutics. "Self-limiting," says one; "can be aborted," says another. "Stimulate and deplete are the theories of cure, and probably many recover under either system." The homœopath will boast of his cures, and so will the hydropath, eclectic and all pathies; while, under any treatment, many will die. Thirty years ago I used to bleed freely, for the same reason that I now do not bleed at all, viz.: to equalize the circulation. In the sense of the terms used, I neither practice depletion nor stimulation, except in severe local congestive attacks. When called to a patient, I first inquire into the cause, and, when found, ask for indications of cure. If suppressed secretion or excretion is the cause, elimination and stimulants for secretory purposes are indicated. To me, it matters not whether the disease is the immediate result of micrococcus or any other living germs. I must first remove the materius morbi. Should the fever or inflammation be of so severe a grade as to endanger tissue, I try to modify it by the use of sedatives, at the same time deobstruents are in full use. Counter-irritants prove auxiliary, and are strongly indicated.

To illustrate: let me cite my own case at three severe attacks. Twenty-eight years ago I was seized with pneumonia of the right lung, while attending a similar case four miles from my home. The attack was announced with a chill, backache, and followed by dyspnœa, pain in my side, etc. As soon as I could get home I bled myself in the left arm, and obtained prompt relief; went to bed, and, under the use of opium, slept well until nearly morning, when I was aroused with violent coughing and expectoration of blood; I then called a physician, and was again bled about one pound (the first bleeding about the same). We bled then to incipient syncope, and, with a cathartic potion, had aborted the disease. Rode out in one week, but it took me all summer to recover my usual health. I was left with an adhesion to the pleura, near the sternum; lung has always been weak. Four years ago, was again attacked with pneumonia—that time on the left lung; about the same symptoms—dyspnœa severe, pain excruciating; friends all thought I must die from suffocation. One of my homœopathic friends, a physician, called on me and gave me the best consolation he could, by saying, "You know, doctor, few people ever recover, at your age, from pneumonia." "Well, doctor," said I, "I am going to get well." I had myself placed in a reclining vapor-bath, and steam raised to about one hundred and ten to one hundred and thirty degrees, Fah.; remained in it about two hours and a half; was free from pain and dyspnœa; began to cough and expectorate a little bloody sputa; was sick with fever a few days, but, by the use of hot-water packs over and around my body an hour or two every day, and cathartics and quinine, I was able in two weeks to perform my usual amount of labor. Again, two years ago this winter, I was attacked with pneumonia of the right lung; about the same symptoms. Hepatization of nearly the whole lung took place. My homœopathic brother and two regulars, both good men, all volunteered to prescribe for me, like good men, as they were, and all thought and said it was very doubtful. I could not follow their treatment or advice—would immediately grow worse—and again resorted to the steam and hot pack, and in two weeks began to

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attend to business; have not lost a day since. My own and many other cases have convinced me that pneumonia is a curable disease. I have not lost a case in ten years, and do not expect to lose one in ten years to come, if I live to treat them. That it is a self-limiting disease I have no doubt, if left alone; but that it may be aborted at any stage I have no doubt, with judicious treatment; but never without first removing the cause and equalizing the circulation. Opening the pores of the skin and stimulating the capillary glands has been the sheet-anchor of my hopes for years. And here let me remonstrate against dallying with so-called specifics, as you will surely lean on a broken staff. I believe there is science in the treatment of disease. I hope the time will come when the profession will be able to see, eye to eye.

GEO. W. CARPENDER, M. D.
South Bend, Ind.

[For the Brief.]

The Obstetric Forceps—Three Cases in Practice.

EDITOR MEDICAL BRIEF:—Mrs. D., pluripara, had usually protracted and difficult labor; found the os undilated and rigid, resisting the strongest expulsive pains; prescribed hydrate of chloral and brom. potass., which gave a few hours of rest, when the pains set in vigorously again. The yielding os gave hope of a speedy termination, but before delivery was accomplished the strength of the patient was so far gone that matters came to a sudden halt. The forceps were applied and delivery effected.

Mrs. L., a primipara, thirty-one years old when married, was confined the year following her marriage. I was summoned after a midwife had been in attendance two days. To relax the system, I gave ipecac and lobelia, and went home. Returned with my forceps in four hours. The os, which had been felt as a mere seam, was dilated to the size of a nickel. Patient much jaded. Prescribed a combination of morphia, brom. potass. and hydrate of chloral, and went to bed; slept four hours, and arose to find the patient in good condition. She had slept, and was refreshed. Pains came on quickly and powerfully; the patient bore herself bravely, but very soon her strength was seen to be flagging, when a resort to the forceps accomplished that which nature was powerless to perform. There was slight laceration of the perineum in this case, but both mother and child did well, as also in case number one.

Mrs. G., a pluripara, whose first-born is fourteen years old, has been conceiving and bringing children to term ever since; but, sadly enough, some unfortunate confluence of circumstances has torn every succeeding child from her body without putting one in her arms. I was called at 10 o'clock P. M. of December 30, 1882; I proceeded, with some trepidation, to the place, just four miles distant. This case had become a notorious one in the community. I found the patient with feeble pains coming on at intervals of fifty to sixty minutes. The liquor amnii had already escaped, and the os uteri was dilatable. Quinine failed to increase the pains; ergot caused very feeble contractions. Uterine inertia was complete. I proceeded to chloroform the patient, after getting her in position, and introduced the right blade of Elliott's long, double-curved forceps. The other blade was introduced with some difficulty, the head being so high as to require the full length of the instrument. The child was speedily and safely extracted. I learn by a messenger to-day that both mother and child are doing well.

The forceps is a conservative instrument, but the opposition to its use frequently causes dangerous delays.

In reply to Dr. A. B. Frix, I would not resort to the tampon in post partum hemorrhage. JOHN F. NEAL, M. D.
Madisonville, Tex.

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[For the Brief.]

Excision in Syphilis.

EDITOR MEDICAL BRIEF:—I do not consider myself competent to criticise the writings of a learned man like Doctor Bauer, but he makes a statement at the close of his article, in the December number of the BRIEF, which differs very materially from my idea of the subject, and if I am wrong, I wish he or some one would set me right. He says in the treatment of chancre of syphilis, that: "Whenever practicable the initial sore should be excised." Now, from my observation and study of the subject I do not believe this good practice. Doctor Bauer speaks of Auspitz as being the first to suggest this method. Auspitz reports thirty-three cases, and after excluding ten for various reasons, bases his opinion on the remaining twenty-three, fourteen of them having no secondary symptoms.

But this experiment amounts to nothing when we take into consideration that Auspitz recognizes no difference between a chancroid and the chancre of syphilis in producing constitutional symptoms. Certainly, in a majority of cases, the location of the chancre would render excision impracticable on account of the difficulty of completely removing the indurated base, unless it be so situated that circumcision would completely remove it, which would prevent any disfiguration. Doctor Bauer further says: "If the inguinal glands become affected it would be proper to remove them also." This appears to me more absurd than excising the initial lesion. We would like to have some one describe the peculiarity of syphilitic poison, that when it manifests itself in one of the lymphatics, by prompt removal of that gland perfect immunity from it making its appearance again is secured. Pasteur has proven that the lymphatics are the reservoirs of the production of infectious diseases, but he has not proven that if one of these glands become so greatly infected by this microscopical material that the change is noticeable to the observer, its removal, no matter how prompt, will prevent systemic manifestations of the disease. In my opinion the advocates of the excision theory, will find it necessary to produce more reliable observations, demonstrating their belief with more certainty, before it will become generally popular with the profession.

J. A. STRATTON, M. D.
Morrisonville, Ill.

[For the Brief.]

Croup.

EDITOR MEDICAL BRIEF:—Some time back there was inquiry made for the best treatment for croup. It did not elicit as many replies as "maternal impressions," though of vastly more importance; for no disease needs more prompt and energetic treatment than this, and, like pneumonia, there are many ways of treating it, but no sure way of curing it without the early abstraction—either by lancet, cup or leeches, according to age of patient or severity of case—of blood; and no physician can feel that he has conscientiously done his whole duty, in either croup, pneumonia or puerperal fever, unless, in the majority of cases, he has let blood more or less freely. I could mention a number of cases where the benefit has been too patent to admit of a doubt, and can conscientiously say that I never took blood from a patient and regretted it.

But what I wish to call the attention of the fraternity to, in the treatment of croup, is a new remedy, an emetic—cupri sulphas. I have used this for a number of years, and find it superior to anything I ever tried. It seems to act as an astringent as it goes down and dislodges the tongue of phlegm and membrane as it comes up. It is certain in its action, and quick—from five to ten

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minutes; and what is another great desideratum, and which makes it superior to alum or other emetics, it is easily given. I am in the habit of giving it every six hours, and in the interval give syrup of squills and lobelia as a nauseant, letting the patient breathe an atmosphere moistened with steam. I know some of the old medicos are going to say, "Oh, your copper is an old remedy, gone out of date." Well, what of that? Please let some of the young readers of the BRIEF try it and report, and, my word for it, they will find it much superior to many of the new remedies of the present. C. L. YOUNG, M. D.
Stratmann, Mo.

[For the Brief.]

"The Fever."

EDITOR MEDICAL BRIEF:—I have been waiting a good while for an answer from some of your able correspondents for the diagnosis and treatment of the case I reported in the April BRIEF, 1882, headed "An Anomaly," but as yet have received only one reply—from a learned A. M. and M. D., of Weaverville, N. C., in the May BRIEF following—and that seemed to be confined more to a criticism of my article than to any information he might afford to my limited experience in such cases. It is true that he spoke of one remedy, viz.: valerianate of iron, which I did not use exactly, but I had given the patient valerian in several forms, as well as different preparations of iron, without any benefit, which, I think, was about the same. But instead of his diagnosis on the case mentioned, he tries to make a mountain out of a mole-hill, on a little oversight of mine, and emphasizes the omission with a great deal of grandiloquence. Now, if any one will read my article properly, they will see that I did not intend to attach any particular stress to the "mysterious disease" which he says I called "the fever!" And to relieve his oppressed brain, I will tell him what I meant, and explain the reason of my omission. The patients I spoke of had "typhoid fever," and there was a fearful epidemic of that disease in my neighborhood that season, and I treated over one hundred cases that winter—sometimes four or five members of a family being sick with it at one time, it being so common that it went generally by the name of "the fever." I frequently called it by that name, myself, when asked what was the matter with certain patients; hence the error, if my learned friend chooses to call it that. But if he would associate with ordinary people a little more, he might possibly have known what kind of fever was meant. As some one who knows has answered, I hope the great burden has been relieved from his mind, if I haven't put it off too long for a cerebral attack on his brain, from the oppression of the great mystery. But, to still further relieve him, I will state that the patient got well before I received his reply to my article, and, consequently, didn't use his remedy.

K. TAYLOR, M.D.
Slanesville, W. Va.

[For the Brief.]

"Rolling Stone."

EDITOR MEDICAL BRIEF:—My six favorite remedies come in this order: 1. Sulph. Morphia; 2. Sulph. Quinia; 3. Tr. Aconite; 4. Tr. Belladona.; 5. Mur. Tr. Iron; 6. Bi-Carb. Soda.

GEO. N. JENNINGS, M. D.
Tonica, Ill.

[For the Brief.]

Amenorrhœa.

EDITOR MEDICAL BRIEF:—Will some brother practitioner give me a remedy for suppression of the menses, in case of cold—something that would be harmless—in case the lady was pregnant?

Truro, Io. G. N. SKINNER, M. D.

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[For the Brief.]

Admission of Air into a Vein.

EDITOR MEDICAL BRIEF:—The patient, a female of nineteen years, with enlargement of the middle third of the humerus. For eight months she had suffered pain, but the swelling did not commence until six weeks before I saw her. From the history and examination of the arm, the tumor was considered malignant disease of the bone, and amputation at the shoulder-joint the only remedy. The arm I removed in less than a minute, with very little loss of blood. When the limb had been severed from the body, the patient, who had borne the operation with great fortitude, expressed her thankfulness in a firm and audible voice. The subclavian artery was immediately secured, but its compression still retained upon the first rib, as there were small vessels requiring ligature. I then proceeded to remove an enlarged gland from the axilla; while dissecting it from its cellular attachments I distinctly heard a peculiar gurgling noise, like air escaping with fluid from a narrow-necked bottle. At the same instant the patient fell into a state of collapse, threatening immediate death; the countenance was deadly pale; pupils fixed and unobedient to light; the pulse quick, small and fluttering, although at intervals regular, and respiration irregular, being hurried and feeble and attended occasionally by a deep sigh. The patient was directly placed in the horizontal position, the flap brought over the wound and retained by plaster, and stimulants administered. An hour passed before she sufficiently recovered to be removed from the table to the bed. On being placed in bed, she passed her fæces and urine involuntarily. When reaction was coming on, she uttered a continued whining cry, and maintained constant motion of alternate flexion and extension of the right leg, while the left remained perfectly quiescent, and seemed insensible to feeling, as well as motionless. Complained of pain running up the right side of the neck and head. For several days she remained with eyes closed—the lower extremeties in the same condition described; gave her opiates, which relieved general restlessness and procured sleep.

On fourth day the left leg was also affected with involuntary contractions, subsiding the next day. On twenty-fifth she was able to leave her bed. The motion of the right leg had ceased at this time, but she complained of great numbness and loss of power in the left leg. In six weeks she was sufficiently recovered to travel, with no unfavorable symptom but a slight dragging of her left leg.

We find strong resemblance of this case to some of those heretofore met with, on record, as well as experiments upon the lower animals, made to elucidate the subject. I would draw attention to the different effects produced in man compared with brutes by the admission of air, owing to the influence of mental agitation on the motion of the heart in the former. Various modes of death are noticed in such cases, according as the air introduced distends and paralyzes the walls of the right cavities of the heart, or sent onward, mixed with the blood, to the lungs, or transmitted by the arteries to the brain. This case, submitted to the BRIEF, is not the only one I have met with since 1848—not from neglect of compression of the vessels, but from accident.

CHARLES D. GREEN, M. D.
Philadelphia, Pa.

[For the Brief.]

Paralysis.

EDITOR MEDICAL BRIEF:—A friend of mine is suffering with paralysis of the right hand to some extent, and wishes the opinion of the profession on the treatment necessary in such a case.

DR. S.

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[For the Brief.]

Poisoning.

EDITOR MEDICAL BRIEF:—Referring to Dr. R. J. Vaughn's request, December BRIEF, page 536, denude the surface of the ulcers as far as practicable; cover a small portion of the diseased surface with pulv. muriate ammonia; the patient will probably rebel, but insist on allowing it to remain until dissolved and absorbed; allow him a few moments, during which jot down his impressions for your next article; then attack an adjoining section. Once over the entire surface, allow an interval of three days, when again attack any remaining points, giving internally the following:

R. Iod. Arsenic.....3 grains.
Alcohol.....2 ounces.
M. Sig.: Fifteen drops after each meal, commencing with five drops, increasing one daily until maximum is reached.

In all moist ulcerations, more especially those having thin discharges, whether from the innocent brier, the tainted scalpel, or from more questionable sources, the foregoing treatment is infallible. R. H. MEAD, M. D.

Paragould, Ark.

[For the Brief.]

Maternal Impressions.

EDITOR MEDICAL BRIEF:— In the latter part of the rebellion, an intelligent lady of this town, wife of an officer in the army, heard related by an excitable old gentleman the news of a near relative having lost his arm, from a gunshot wound which had necessitated amputation. While relating the fact, he struck the lower third of his left arm with his right hand, stating there the arm had been cut off. The lady was known to be enceinte at the time—how long I do not know. A son was born with the left arm off, and, I am informed, at the very place shown to the mother by a stroke of the hand while relating the unwelcome news. I have known the young man—who is now a successful merchant in this town—from boyhood to the present. Will some of the M. D.'s tell us why the mark does not occur at some other place than the locality to which the attention of the mother was drawn? Dr. Marlette may think the story "suited to the occasion;" but, Doctor, others than the mother saw the fatal stroke of the hand, and well remember it, in connection with the exciting story concerning the wounded soldier. Besides, Doctor, we should not presume too far on the statements of refined and intelligent mothers. Did you say a mere coincident? Well, then, Doctor, this world is full of them, if we look around us—such as we can not understand. If we can not suit theory to facts, let us throw "theory" to the dogs and hold on to facts.

J. P. KELLEY, M. D.

Clarksville, Tex.

[For the Brief.]

Catamenia.

EDITOR MEDICAL BRIEF:—Will some of the many contributors of the BRIEF please explain what action bismuth sub nit. has on the uterus, and through what channel it acts? My case is a young, unmarried lady, twenty-three years of age; health good; weighs one hundred and twenty pounds; seamstress by trade; no displacement or enlargement of the uterus; free from pain between her menstrual periods; and, as her monthly spells come on, the pain again returns, and increases in severity all the time till vomiting is produced. I have succeeded in relieving both pain and vomiting at her last four periods, by the administration of bismuth sub nit. in six-grain doses every two hours, and as soon as the pain and vomiting are relieved, the flow becomes natural; but in the beginning it is scanty. I want to hear from the brethren about it. Has any one else had a case like it? ELIAS FULP, M. D.

Walnut Cove, N. C.

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[For the Brief.]

Thanks.

EDITOR MEDICAL BRIEF:—In the November BRIEF, I addressed a card to the profession, asking aid in the treatment of my own dear son, who was afflicted with diabetes insipidus, and which was proving very obstinate.

Several medical gentlemen from various parts of the United States were so anxious to aid me and relieve my son, that they addressed me personal cards on the subject, not waiting for the BRIEF.

In the January BRIEF, Dr. Nickell and Dr. Goss gave me their views, more or less extended. In all, there have been quite a number of remedies recommended, as well as a system of careful dieting, clothing, exercising, etc. My son is much better. Dr. Nickell wishes me to report on the sweet-milk diet. I have not been able to fully bring my son to it, but did so very largely. His chief diet has been milk and bread. I think well of it, however. I think where a patient can be brought to an exclusive diet of milk, or milk and bread, with warm clothing and proper exercise, very much is thereby done in the way of treatment. And now, particularly, to the kind M. D.'s who noticed my card: Gentlemen, I have been profited by all your counsel. I am unable to express to you how much I thank you.

J. N. PARR, M. D.

Jolliettville, Ind.

[For the Brief.]

Effect of Stimulants.

EDITOR MEDICAL BRIEF:—There is one disputed point in the practice of medicine which is of vital importance, and deserving of a more thorough investigation, and that is, the therapeutic value of alcohol as a remedy. I have long since been convinced that it is very deceptive in its effects, and often leads the practitioner to believe he is benefiting his patient, when it is only the exciting effect of the stimulant which raises the pulse and sends the blood, with a damaging force, into some already engorged and inflamed organ. "Ubi irritatio, ibi affluxus," is a course of nature, but the very thing we wish to counteract. But to lay aside theory and come to facts, I will relate a case:

Some thirty years ago I was treating a negro boy for dysentery, and he had gotten so very low that I expected every hour to be his last. I was then a strong believer in stimulants, and supposed I was keeping him alive with port wine. When I would give it to him it would raise the pulse at the wrist, and when the stimulating effects of the wine would pass off, the pulse would go with it. I was staying at the house one night, expecting him to die before morning, and during the night the nurse came and reported that the boy's father had drank up all the wine. The master sent eight miles for more wine; but, in the meantime, I gave the boy nourishing soup and plenty of sweet milk, and when the wine came, some time after breakfast, I found that the patient had a permanent pulse, and I suspended the wine to see the result. By night he was so much improved that I did not resume the wine, and the case was convalescent in a few days. From that day to this I have closely watched the effects of stimulants, and am thoroughly convinced that in nine-tenths of the cases where they are used they do more harm than good. I have entirely discarded their use in disease.

Brandon, Miss. D. B. GUNN, M. D.

[For the Brief.]

Chrysophanic Acid.

EDITOR MEDICAL BRIEF:—Will some one please inform me, through the BRIEF, what are the uses of chrysophanic acid?

Centerville, Kas. C. S., M. D.

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[For the Brief.]

An Error Corrected.

EDITOR MEDICAL BRIEF:—Dr. George C. DeArbe, of Alleghany City, Pa., in his answer to Dr. Reagan, makes a great mistake when he refers to me as a subscriber to an "ism" or "pathy." Although I am a graduate of the medical department of the University of Georgia, a regular alopathic medical college, and of that of Philadelphia, yet I swear by no master; I follow no exclusive dogma. I consult the sensible authors of all the isms and pathies, and glean and sift the truth from the errors. This is what every physician must do to attain that success which this advancing age demands.

The day of pathies and isms is passed, as the increased intelligence of the people now enable them to scorn and condemn the useless and dogmatical wrangle over a mere name. That most honored and almost sacred title, physician, is enough to distinguish the philanthropic individual who qualifies himself to assume that most benign office—a healer of suffering humanity—without any invidious sub-titles. I am not an extremist or dogmatist; I adopt any and all remedies, after due trials have proven them to be efficient in removing pathological conditions; and this is what all medical men ought to do. I can not take charge of a case of sickness, in any man's family, unless he allows me to do the best I can for the case. The physician virtually pledges himself, in accepting a call to the sick, to do all within the scope of his knowledge for the relief or cure of that person; and the man that is so regardless of this high obligation as to be deterred from using any remedy within his knowledge, by threats of foolish and vain ostracism, is unworthy this sacred trust. Human life is too precious to be jeopardized by foolish adherence to abominable prejudice and proscription. Men are but men—all liable to error. For a man to think that his religion is the only one worth the name in all the world is bigotry that a heathen ought to be ashamed to own; for a man to think that his politics is the only true scheme of government in the world is too foolish for a sensible man to assume; and for a physician to think that his exclusive party embodies all the medical knowledge in the domain of science is too presumptuous in this enlightened age, and ought to be rebuked by all good men, in the profession and out of it. The New York Medical Association made a move in the right direction when it passed a resolution to consult with all educated physicians, of all pathies and isms.

Medical science never can advance as it ought to until men shall become willing to learn truth from any and all sources. Mutual interchange of thought and experience confirms the truth in medical discoveries. Every man has his peculiar field of investigation, and arrives at valuable truths, if he uses his talent as he should.

I. J. M. Goss, A. M., M. D.
Marietta, Ga.

[For the Brief.]

Hæmorrhagic Malarial Fever.

EDITOR MEDICAL BRIEF:—In January BRIEF, page 21, Dr. C. D. Arnold, of Pine Level, Ala., asked for most successful treatment for the hæmorrhagic malarial fever, of the Southern States. Malarial hematuria is very often met with in my practice; and when I am called to see a case of it, my first remedy is quinine. I begin treatment by giving patient five-grain doses of quinine sulph. every hour, with ten-drop doses of dilute muriatic acid, every three or four hours. I continue this treatment from twenty-four to thirty-six hours, or until hæmorrhage disappears; then I give five grains quinine sulph. every two

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hours, and instead of the muriatic acid I give—

R. Muriated Tict. Iron....1 ounce.
Tinct. Nucis Vom....1 ounce.
M. Sig.: Ten to fifteen drops every six hours.

I give quinine to control the malarial poison, while the muriatic acid controls the hæmorrhage; after which I give the iron and nux vomica as a tonic and blood-purifier. Other symptoms must be controlled as indications present. I have been using the above treatment some time in my practice, with good results, and believe, if administered in due time, almost every case will recover. Try it, brother doctors, and report results through the BRIEF.

Isabella, Ga. W. L. SIKES, M. D.

[For the Brief.]

Tattoo—Spotted Fever.

EDITOR MEDICAL BRIEF:—Dr. J. R. Carroll asks for remedy for removal of marks left by tattooing. He can try erasure, and even that will be a very difficult job, but, by persevering with infusions of milk, may contrive to tone down the objectionable marks.

The treatment for his spotted or break-bone fever (dengue), which is a specific disease, we have no specific remedy for. Treat it symptomatically. During several epidemics the use of emetics, carried to the point of free bilious evacuations, did good. Next to emetic, in importance, is a laxative. The substitution of more healthy evacuations for the greenish, tarry, offensive stools has also had a good effect. Anodynes are needed to relieve the severe pains. It is probable that salicylic acid will have influence over the rheumatic symptoms. If acid fails, try antipyretic doses of quinia. As the first stage terminates often with a sweat, use pilocarpine. For the itching, sponge the parts with a solution of carbolic acid. R. H. HOLLIDAY, M. D.

Huntly P. O., N. C.

[For the Brief.]

Nervous Debility.

EDITOR MEDICAL BRIEF:—Dr. A. E. Fant, of Meador, S. C., wants a good remedy for nervous debility; will the doctor be kind enough to try the following and report through the BRIEF:

R. Pepsine Sach.....3 drachms.
Brom. Sodium.....1 ounce.
Ext. Coca fl.....2 ounces.
Glycerine.....2 ounces.
M. Sig.: Teaspoonful three or four times daily.

Or,

R. Brom. Potass.....1 ounce.
Aquæ.....2 ounces.
Ext. Valerian fl.....4 ounces.
M. Sig.: Teaspoonful three to four times a day.

I would also advise the internal administration of sulph. strychnia, one-thirtieth to one-twenty-fifth grain, three times a day, and if the bowels are torpid, as they generally are, the following pill:

R. Ext. Belladon..... 8 grains.
Ext. Nucis Vom..... 8 grains.
Ext. Colocynth Comp. 1 drachm.
Pulv. Aloes Soc.....22 grains.
M. ft. pil. No. 64. Sig.: One or two pills at bed time; leaving off the evening dose of strychnia when the pills are taken.

In last issue of BRIEF, page 547, the recipe I gave for felons should read:

Ol. Olive.....2 ounces.
Aquæ Amm.....2 ounces.
Acid Hydrochlor.....2 ounces.

Also, for tasteless preparation of iron, read dry in scutella (dish), instead of dry in sun. G. W. BAYLOR, M. D.

Milltown, Ind.

[For the Brief.]

Erysipelas.

EDITOR MEDICAL BRIEF:—For the benefit of Dr. Stigelman, of Virginia, I submit the following for erysipelas:

R. Tanic Acid.....8 grains.
Alcohol..... ...1 ounce.
M. Sig.: Apply with camel's hair brush.

The above was taken from my note-book, and, in my practice, has proved to be a splendid remedy. Try it and report. W. W. PENN, M. D.

Penn, Tex.

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[For the Brief.]

A Rare Case.

EDITOR MEDICAL BRIEF:—I have a patient, a young lady, age twenty-four, light hair, blue eyes, nervous lymphatic temperament; menses irregular and very slight, bowels constipated, tongue coated white, appetite fair. Has complained of pains about the heart and aching of limbs, with dizzy sensations and numbness, for years; was vaccinated last February; the vesicle looked dark and gangrenous, but soon dried up. In March following there appeared on the left arm a dry, gangrenous patch, about two by three inches; by using poultices I was enabled to dissect it out in about ten days; it healed very nicely; in a few days a new patch came just above, on same leg, and as fast as one heals, others form. One has just made its appearance on left arm, below elbow; the rest have all been on the lower limbs. She can tell when there is to be a new formation, by increased pain about the heart and aching of limbs.

The lady persists in teaching school, very much to her detriment.

After exhausting all the remedies and advice of other physicians, I appeal to the BRIEF for help.

Prairie City, Io. H. C. POTTER, M. D

[For the Brief.]

Felons.

EDITOR MEDICAL BRIEF:—In answer to the inquiry of Dr. Killinger for the best treatment of felons, a number of brother M. D.'s come to the front in the January number, and voice the sentiment of making a free incision down to the bone, "not waiting for the presence of pus," and the "sooner applied the better." I would suggest moderation; not quite so fast, doctors; your treatment is all right at the proper time—after the formation of pus, which is the sequence of an acute inflammation of some few days.

In the early stage, I have but little trouble in aborting them by the application of a plaster of unguent cantharides, one by one and one-fourth inches, applied to the anterior or palmer surface, and worn for eighteen to twenty-four hours, after which remove and give exit to a dark serous accumulation, and apply linseed poultices moistened with laudanum and tr. aconite. If this is properly done in advance of suppuration, it will save much suffering, and the necessity of unsheathing the lancet, or the use of the scalpel or bistoury.

J. L. POWERS, M. D.

Reinbeck, Io.

[For the Brief.]

Iron in Diphtheria.

EDITOR MEDICAL BRIEF:—Probably there is no disease which physicians encounter in which a greater number and variety of remedies have been proposed and employed than in diphtheria; and it is a usual thing to assert the invariable utility of specific action of certain medical remedies in the treatment of certain pathological conditions, when every intelligent physician knows the fallacy of such assertions. Though we believe iron, when largely and continuously used, contains an efficacy equal to that of quinia in periodical fevers, we use, with marked success, the following:

R. Tinct. ferri..... 3 drachms.
Glycerine..... 2 ounces.
Quin. Sulph.....20 grains.
Aquæ..... 2 ounces.

M. Sig.: Teaspoonful to a child, four years old, every two hours; give according to age. Give Epsom salts freely, to keep the bowels open.

Local treatment:

R. Potass. Chlor.....3 drachms.
Cupri.....3 drachms.
Acid Carbol.....2 drachms.
Tinct. Opii.....2 drachms.
Glycerine.....2 ounces.
Aquæ.....1 ounce.

M. Sig.: Apply with swab or brush every two hours; no water directly after.

If L. J. Wallace and W. A. Hammond, M. D.'s, of January BRIEF, will

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use oxide zinc, they will find their epileptic cases doing well. Begin with one-half grain dose three times a day for three weeks, then one grain for three weeks, then one and one-half grains, and so on up to ten or fifteen grains, three times a day, rubbing the spine with stimulating embrocations. I have treated two cases in the last eighteen months; both are doing well, having had no attacks since. J. F BILBY, M. D.
Iconium, Io.

[For the Brief.]

Pneumonia.

EDITOR MEDICAL BRIEF:—I noticed in the October BRIEF an article headed "Conflicting Opinions Regarding Pneumonia." Having been called to treat the disease in various parts of the Nation, I will give, briefly, my views on the subject. As to the pathology, it is so well understood, and the symptoms all so clear, that it seems unnecessary to comment thereon; and, taking it for granted that each will diagnose his case correctly, I proceed to give my treatment: In the winter and spring of 1847–8, the disease prevailed to an alarming extent, attended with typhoid symptoms at an early stage; and, with the treatment of that day, the death-rate was frightful, in the hands of the most skillful men of the faculty. I commenced to support my patients with quinia and carbonate of ammonia, with a solution of tart. antimony to loosen the cough, and large, hot poultices over the chest, to promote relaxation and subdue any pleuritic symptoms that might appear. If the bowels were tardy, I used sulphate magnesia as a laxative, and, with a few Dover's powders and calomel, my most sanguine expectations were more than realized; my patients recovered nicely, and I have had no trouble in treating pneumonia since. But I have omitted the calomel and added tinct. aconite, which I give alternately with the antimony, in solution. If the poultice does not relieve all pleuritic pains, I rub the part with tinct. iodine. With this treatment, I never have occasion to bleed, give a cathartic, or apply a blister (if seen in reasonable time), as my cases recover before the blistering point is reached. C. R. FAIRCHILD, M.D.
Wamego, Kas.

[For the Brief.]

Medical Lore.

EDITOR MEDICAL BRIEF:—I was called to Mrs. S., January, 1883; found her suffering very severe labor pains; in a short time, she was delivered of something resembling the after-birth of a child, with a sack attached, about four inches long, in a very bad condition. After opening it, found that it contained a fœtus of three months' growth, nearly rotten. Query: the woman had gone her full time; the fœtus had not received that life from the mother to sustain the organic life, but had been carried until full time; her health was rather bad at the period of three months, but after that she commenced to get better, and felt no trouble excepting bloating at times, but grew no larger; the after-birth was attached to the uterus until time of delivery.

A. Knollmann, in February BRIEF, page 56, in answer to Dr. N. McKeag, gives advice which, I think, is not good, especially to a young physician. He says if she should become pregnant, let her go to her full time, then to perform the cæsarian operation, and not to perform craniotomy, because "we do not have the right to destroy the child's life to save the mother's, for we can not tell which of these will be the most valuable." My God! to compare the organic life of a fœtus to that of a beautiful young mother, in the bloom of youth, health and vigor, beloved by a doting husband and kind friends! Will the doctor be so kind as to tell us at what period of time,

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from fecundation to full term, the fœtus receives that precious life that he speaks of? Or how does he know what condition that child might be in, at full term? It might be a spina penis, or a spina bifida or rachitis, or be such a monstrosity as Dr. J. F. Palmer, of Mississippi, relates in his brief sketch in February BRIEF, page 68. I leave this with the thoughtful reader.

Dr. D. F. Cecil, in answer to "Young Physician," gives some good advice, and some very hard, that I will not comment on. The doctor may be a good physician, but a very poor theologian. He says that the soul never sins. The Bible says that the soul that sinneth shall die; and he says that the soul is of God, and goes to heaven. Doctor, please tell us where we will find that in the Bible.

If Dr. Warren P. Watson will apply alum, beaten with sweet milk, as a poultice, and continue with good internal remedies, he will succeed in curing his patient.

Will Dr. J. H. Brightwell, Maxeys, Ga., tell us, through the BRIEF, the amount of jalap and cream tartar he gave in case mentioned in January BRIEF, page 75? J. A. PROCTOR, M.D.
Union City, Ind.

[For the Brief.]

Chloroform.

EDITOR MEDICAL BRIEF:—Would like to know from some of the readers of the BRIEF whether they think a doctor would be justified in administering chloroform in so small an operation as the extraction of a tooth; and also, if it is good practice to give chloroform in natural labor, merely to alleviate pain?

HORACE SMOOT, M. D.
Bristersburg, Va.

[For the Brief.]

Typho-Pneumonia.

EDITOR MEDICAL BRIEF:—Will some one, who is able, please give to the readers of the BRIEF the distinctive diagnostic features of typho-pneumonia? The medical works in my library are mute on the subject. B. F. BOYER, M. D.
Hellertown, Pa.

[For the Brief.]

Felons—Dentology.

EDITOR MEDICAL BRIEF:—The question has been asked several times in the BRIEF, "What is the best remedy for felons?" and nearly every time the same answer was given. I would say to the M. D.'s thus inquiring that my remedy, for the twenty years past, has been to dip the finger in hot water for about twenty minutes, or until all pain ceases, and if this is done in time, or the first two days, nothing else is necessary; but after pus has been formed under the periosteum, I open the finger in a day or two, but in no case do I neglect the scalding with hot water, as that will take away all pain in a very short time, and the patient will soon go to sleep, if he has not slept for several nights. Then I order the hand kept in a sling.

I am no dentist, but I pull teeth occasionally, and last summer I learned something which was new and very surprising to me. A lady came to me suffering with toothache; I pulled the tooth and some weeks afterward, when I met her again, she asked me if I wanted to see her "new old tooth." Of course I did not take the hint, and on inquiry, I found she had put back the drawn tooth in its cavity, and now it does as good service as ever, and by far better than when it ached; she had that tooth filled since by a dentist in Bloomington, and it bids fair to do duty for a hundred years. M. MCLANE, M. D.
Dwight, Ill.

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[For the Brief.]

Answers to Queries.

BY I. J. M. GOSS, A. M., M. D.,
Professor of the Practice of Medicine.

EDITOR MEDICAL BRIEF:—Dr. H. A. Deaton asks for a "sure remedy for nasal catarrh," but gives no symptoms. He does not say whether it is chronic or acute; whether it is simple catarrh or ozena. I will give the treatment for chronic catarrh. If it is simple chronic catarrh, without scrofulous taint, give five drops of tinct. of pulsatilla, three times a day. (See my New Medicines.) If there is a stringy, tenacious discharge from the posterior nares, give twenty drops hydrastis (fluid ext.) three times a day, and wash out the nares with about a ten per cent solution of it in blood-warm water—not cold—three times a day, alternated with boracic acid, ten grains to the ounce of warm water. If there is swelling of the nares and stuffing of the nose, then take one grain pulverized sanguinaria and nine grains sugar of milk; triturate well; of this trituration make a solution of one grain to four ounces of warm water, and use with a nasal douche or a good syringe, and take one grain of this triturated sanguinaria three times a day. If this does not cure, give the patient, also, ten grains bromide of ammonia three times a day. If he or she does not improve, then give one-twentieth of a grain of iodide of arsenic three times a day, especially if the discharge is irritating and offensive. If there is a dull headache on rising in the morning, give one grain biniodide merc., one drachm iod. potassium, four ounces aquæ; dose, one drachm, three times a day. (See the author's work on Practice.) I have given the treatment at length, because the doctor did not give the symptoms; consequently I had to give the treatment for all the complications.

Dr. C. E. Q. Warren wants treatment for dysmenorrhœa. Try one drachm of fluid ext. of senecio aureus three times a day, in the interval, and at the flow give one-half drachm of viburnum prunifolium and one-half drachm of viburnum opulus, every hour, until relief is obtained; then give it every three hours until the flow is over.

Dr. Warren P. Watson, Savannah, Tenn., wants a treatment for rheumatism. If the young man or youth is easier when moving about, give him one to three drops of rhus toxicodendron every three hours, with twenty drops of cimicifuga the alternate hour and a half. If the muscles are stiff and painful, then give some three drops of tinct. of bryonia alba every three hours.

Dr. W. J. Haine, of West Farmington, Ohio, asks, who has had diphtheria to treat? I have treated a good deal of diphtheria, and reported the treatment several times in the BRIEF. This being strictly a septic disease (see my Practice for Pathology), it requires an antiseptic treatment. I usually give five grains salicylic acid, five drops tinct. baptisia tinctoria, every hour, in one drachm sweet spirits nitre, and, as a local wash, listerine, applied with a mop or brush, or a fifty per cent solution gargled every two or three hours, and that alternated with the tinct. of eucalyptus — applied with a mop — or the solution of two to four grains of permanganate of potash may be applied twice or thrice a day. These remedies cure the disease for me, unless it is in the most malignant form; then the cyanuret of merc. is the best remedy, given in doses of one-fiftieth of a grain every two hours, and use the wash of the permanganate of potash, as above.

Dr. A. J. Henderson asks for treatment for varicocele. If the doctor will give his patient five drops of the fluid ext. or saturated tinct. of hamamelis three times a day, and keep the suspensory bandage

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or sack wet in the fluid extract, I think he will cure his case. This cures for me. If that fails, then give five drops of pulsatilla every three hours, and keep the scrotum and cords wet in a fifty per cent solution of the tincture. If this fails, then give fifteen drops of collinsonia (see my New Medicines) every three hours, and use the solution of the hamamelis as a local application, as above.

Dr. J. C. Brown, of Norristown, Kansas, asks for treatment for a young man for early indiscretion, suffering from seminal losses, but he does not say whether by day or night; that is the main point to decide the treatment. If it is nocturnal losses of semen, attended with lascivious dreams, give phosphoric acid, diluted, in doses of one drachm every meal, alternated with twenty drops of tinct. of gelsemium between each meal; and before each meal give five drops of nux vomica tincture, to tone up digestion. In some cases the bromide or monobromide of camphor is a good remedy, in medium doses. The irritability of the bladder will be relieved with five grains carbonate of lithia, in water, three times per day.

Dr. R. T. Wharton, of Ives, Kansas, asks for treatment for his son. He has phthisis pulmonalis, and requires the hypophosphites, cod-liver oil and maltine, etc.

S.'s case of sexual debility can be cured, if well described.

Marietta, Ga.

[For the Brief.]

Self-Torture.

EDITOR MEDICAL BRIEF:—In the December BRIEF I see, over the signature of J. T. Palmer, M. D., a statement that he and four other physicians cut out of the flesh of Miss Lydia Stokes, of Lawrence county, Ala., eight hundred and twenty-three needles, pins, fish-hooks, etc. The purpose of this writer is to ask Dr. P. to give a full and minute description of the case to which he refers in the BRIEF; how old Miss Lydia is, and is she hysterical or eccentric? Is there any evidence that the pins have entered the flesh from without? How many such operations have been performed? How far apart, and in what situation were the needles, hooks, etc.? In a word, we will ask the doctor to give us a complete history of the case, in all its details, and then, if we know what to say, we will say it. I have read of such cases before, and would like very much to have this case laid before the readers of the BRIEF, in all its particulars.

M. S. JOHNSON, M. D.

Oleander, Ala.

[For the Brief.]

Malaria as an Oxytocic.

EDITOR MEDICAL BRIEF:—During the past few years so many articles appeared in our medical journals, in which it was claimed that quinia possessed decided oxytocic properties, that my attention was attracted to the subject; and having been desirous of arriving at a correct conclusion on so important a point, I took notes of fourteen cases of abortion that occurred in my practice. Of the fourteen, one was evidently caused by physical injuries, two due to constitutional syphilis, and eleven the result of malarial cachexia, or four of them, as is claimed by certain writers, by the use of quinine. But, of these eleven cases, in three no quinine had been taken for months before the time of the abortion; in four it had been taken freely two weeks before the time of the abortion, which was during a recurring attack of intermittent fever; in two it had been taken on the day preceding that of their abortion, and in two it was taken in five-grain doses, thrice daily, at the time of their abortion. So, of the eleven, it will be observed that at the time of abortion only two were fully under the influence of quinine, and that two were only

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slightly so, while, at the time of abortion, all were affected by malaria. By such a collection of facts, the thought is naturally suggested that perhaps, by reason of the frequent coincidence, the presence of the malarial cachexia and the giving of quinine to remove it, some physicians have attributed the abortion which followed to the effect of the quinine, when, most probably, it was brought about by the disease with which the patient was affected.

A. C. Love, M. D.

Donaldsonville, La.

[For the Brief.]

The Languages.

Editor Medical Brief:—Dr. Rustemeyer, in well-developed English, seems to question the propriety of discussing in the Brief the value of acquiring a reading knowledge of the Romanic languages of Latin derivation. Aside from the refinement they offer for the pleasing modulation of crude words derived from Gaelic, Erse, Norse and Saxon origin, there is undoubtedly a physiological benefit which he has overlooked. Next in deleterious effect to the exhaustive use of the limbs upon the body, when overworked, the tongue in excessive play lessens the recuperative energy of the vital organs, when subjected to the prolonged enunciation of uncouth words with which the Saxo-Germ-manic tongues abound. This is verified by the physical condition of people speaking different languages, more or less difficult of acquisition, and harmonious in enunciation. Languages of northern origin are abrupt and angular in expression, inducing a corresponding physical impression, in freedom from counteractive aids. This is demonstrated, beyond the question of a doubt, by the strong-minded maiden lady who harangues her sisters of the North upon the rights of universal suffrage, while her semi-tropical sister, of Latin birth and like advanced age, preserves herself from angularity of visage and temper by cadenced speech, relying solely upon the spiritual and temporal consolations of her confessor, in absolution, for time's grievances and laity neglect of the opposite sex. You may call this an hypothesis, and cite German people's rotundity as an absolute contradiction in truth; but Tacitus states—while yet the country bordering upon the Baltic was a terra incognita to the Romans—that the Germans corrupted their fruits and grains for the production of a drink similar in effect to wine. "Potui humor ex hordeo, aut frumento in quandam similitudinem vini corruptus." (Germ. trans.) So, you will perceive, from this, that lager beer is a drink of great antiquity, and its concoction was probably suggested, like modern maltine, by some medical sage of the period, to counteract the exhaustive wear and tear of an uncouth and strident language upon the lungs and vocal organs. Its use through the lapse of so many ages has modified the asperities of languaged expression, and lubricated its hinges—in a comparative degree—and relieved their rusty tendency to the old Saxon creak.

Still, it would require a strong stretch of imagination to reconcile it as a sister to the English language; for the strongest claims based upon the settlement of the eastern counties by the Saxons would not bring the ties nearer, in the scale of relationship, than Irish cousins. Indeed, the English should be eternally grateful to William, the conqueror and fillibuster, for his invasion, occupation and substitution of Norman-French, in subversion of the mongrel dialects that were then contending for supremacy. The terseness and strength of the English language is undoubtedly due to its northern sources of derivation; but whatever it possesses of refinement comes from modifications of the Latin.

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Of old, after the Venetian language had imparted its impression to that of Italy, in medicine the Italians held leading sway; and in revival, at the present time, they are as far advanced in enlightened research as the most favored nations. Although not as far advanced in chancroid and gonorrhœal experiments of reinoculation as their German compeers, yet they possess an intuitively quick perception for the detection of cause and effect in diagnosing diseases, which are not self-inflicted with knowledge and aforethought. Language is an exponent of the habits and customs of nations, and, in reflection, can at all times be studied with advantage by the practitioner of medicine in a cosmopolitan country, as an aid to intuitive perception. Foreign inoculation transfuses its influence for the modification of native habits and customs, either for good or evil; and it should be the duty of the physician to advise the most healthful way for assimilation. The Germans of San Francisco petitioned that their language might be taught in the public schools, which was granted; but the teachers were soon vehicles without passengers, and were dismissed from their vocation. As far as my knowledge extends, children born of German parentage, here, prefer the English to their own language; still, with Dr. Rustemeyer, I would urge its study, as an excellent discipline to the tongue for the easy acquisition of other languages. N. O. Eilms, M. D.
San Francisco, Cal.

[For the Brief.]

Milk-Sickness (Continued.)

Editor Medical Brief:—In a few cases relapses occur in a short time, but seldom are as severe as first attack. Patients are almost universally troubled each summer or autumn with nausea and weakness and trembling upon slight exertion, just as the first attack began. The source of the disease is traceable to the use of milk, butter, cheese, or the flesh of some animal having this poison in its system. A very peculiar property of this poison is, that it may exist in the system for weeks without producing any visible symptoms. It has been thoroughly tested, to my certain knowledge, that if cattle are salted well, and kept in a dry lot until the dew is dried off, and watered at the well, there is no danger of milk-sickness, though they graze the spots where, under different management, they would surely die.

Now comes the most difficult question what this poison is—a question that has never been solved. But I venture the assertion that it is of a specific miasmatic origin, and, as a proof, would call attention to the fact named above, in the manner of preventing cattle from getting it. This emanation of miasm condenses within the dew-drops and settles upon the grass and herbs, and when the sunshine dries the dew, the poison evaporates, and, being thus diluted or diffused in the atmosphere, is inert. If this hypothesis is true, here is a fruitful field opened up for the chemist—to collect the dew-drops and determine the elements of this poison. Adopting this idea of the source of this poison, it is easy to see how cultivation destroys it, by draining and removing the natural growths, thereby preventing the former decompositions. If any brother M. D. has a more consistent theory, we would like to have him send it to the Brief.

Professor George B. Wood, in his "Practice," page 464, says: "It appears to me that there is but one mode of approaching an explanation of these various phenomena. Providence may have planted in the rotten soil of our new lands certain grains which find a nidus, and circumstances favorable to their development only there; and when these circumstances cease, upon the cultivation of the lands, the germs necessarily perish," etc. Again: "It is

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possible that the germ of milk-sickness may rise into development with the plants of its native fields, and die with them in the winter, leaving new germs in the soil to be developed, in their turn, in the following season, or to perish utterly, should the ground be turned up to the sun and air, in the process of cultivation. Now, these germs, taken, along with the plants in which they may be undergoing development and reproduction, into the system of the grazing animal, finds there a suitable nidus," etc.

Now, I can not accept the germ theory, in the sense here presented, from the fact that if the germs were being developed and reproduced in the plants eaten by the grazing animal, then the animal would be just as liable to be poi soned at noonday, when there is no dew, as at night or morning. Hence, I conclude that the germ or cause of milk-sickness is of a miasmatic character, and easily evaporated off the plants or water.

Evidently, the modus operandi of the poison is similar to the zymotic diseases, reproducing itself in the blood; and it seems to have a depressing effect upon the brain and spinal system; also the same effect, in a marked degree, upon the sympathetic system. Hence, we may account for the vomiting by the influence of the pneumogastic nerve over the stomach.

In brief, the congested condition of the capillaries, the torpor of the bowels, and the secretions in general, may be traced to the influence of this poison upon the nerve centres. Prof. Wood classes milk-sickness with the fevers; but I have never met an uncomplicated case yet with any trace of fever, and have never failed to use the thermometer at each visit. Fever does not belong to the clinical history of milk-sickness.

For want of space, I shall have to defer prognosis and treatment until next month. Wm. H. Davis, M. D.

Wakefield, Ill.

[For the Brief.]

Is Quinine an Oxytocic?

Editor Medical Brief:—The question is often asked, "Will quinine produce abortion?" My opinion is, that it will not. From an experience of thirty years in the treatment of malarial fevers, I have been forced to a contra conclusion. I am confident that we mistake a consequence of the fevers for a result of the action of quinine, and in my opinion quinine, not only will not produce abortion, but that, when properly administered, it is a preventive of abortion. Four months ago I treated a case of typho malarial fever, continuing twenty-five days, and at the time she was in her sixth month of pregnancy, and she had taken on an average fifteen grains quinine daily, and was delivered at the full term of gestation of a healthy child.

Calhoun, Ga. W. J. Reeves, M. D.

[For the Brief.]

Apocynum Cannabinum—Rhus Aromaticus.

Editor Medical Brief:—I have seen several articles recently, in different medical journals, on the virtues of apocynum cannabinum as a remedy for encysted dropsy. How to distinguish it from apocynum and. is the trouble, if, indeed, they are not the same plant, as the description and therapeutic action are about the same as described by the dispensatory. The plant that I have been familiar with from boyhood, under the common name of small pod silk weed, I have experimented with extensively, and find it to possess all the properties claimed for the apoc. can. except that of a diuretic. I have observed anodyne and anti-spasmodic effects from its use, being one of the best remedies for, as well as preventives of, flatulent colic, so troublesome with some persons. Which is it, dogsbane or Indian hemp? Who will draw the distinction, so we may know when we have the desired article?

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Rhus aromaticus—What is it? I saw it recommended in the BRIEF for incontinence of urine, bed-wetting, and for sanguinary uterine discharges. Having cases of both kinds, and wishing to give it a trial, sent to a druggist for an ounce of fluid extract. When it came it was a dark, greasy substance, with a clear fluid standing on top, had a strong petroleum odor, and it resembled a liniment more than a fluid extract. I declined using it, and carried it back to the druggist, who said it was as he bought it from the wholesale house. How are we to know when any medicine ordered is reliable? Mistakes of that kind are dangerous to patients, and injurious to the physician. What is rhus aromaticus? and from what plant obtained? N. B. HALL, M. D.
Fair Mount, Ga.

[For the Brief.]

Rare Case.

EDITOR MEDICAL BRIEF:—On the 24th of January, I was called to attend a colored woman, in her first confinement. The child was born three and a half hours before my arrival; no attention had been given her. I found the child, to all appearances, healthy, and crying, but not up to the medium in size. After having made preparations to ligate the cord, I found the small intestines and the stomach external on the abdomen, the rent commencing a half inch below the umbilicus, and extending to the pubis, and nearly two inches in width. At once I saw we had no chance for relief by surgical interference, and concluded to let the child die a natural death, as any interference would hasten the expected end. I am satisfied that no injury had taken place in delivery, as there was no bleeding from the wound. The mother attributes it all to her having held the vessel while her husband gutted a hog. Such an idea, silly as it may appear (I admit it appears silly to me), would be strong argument in favor of maternal impressions.
Calhoun, Ga. W. J. REEVES, M. D.

[For the Brief.]

Emergency.

EDITOR MEDICAL BRIEF:—In June BRIEF, page 305, we find a substitute of shot for lost syringe valves. In December BRIEF, page 553, we find in addition, "a tack nail, such as is used in tacking down carpets, or else the kind used in the heels of strong boots," to which may be added, small screws, which can be readily found to fit any syringe valve-socket. If brass or nickel plated, they answer all the purposes of the original, whereas, the heads of tacks are seldom round, and shot become bruised; thus the air escapes and the syringe fails to work.

Since such important ideas spring up in rapid succession, it is plainly to be seen that with a little special attention, simplifying and pruning previous modes, the long lost happiness can be restored to suffering patients and their families.

But it seems since the college instructions fail so often in the treatment of the diseases common to women, many physicians have an idea that all other efforts and instrumentalities are useless. Hence, thus far, only comparatively few of the many thousand BRIEF readers have even called for my catalogue, which costs nothing, and yet has followed up all discoveries in simplified gynæcological treatment for twelve years, and is intended to do so in the future.

It always has been a rule among journalists not to admit correspondence from advertisers in the body of the journal, or at least in alluding to their advertisements.

I dislike to trespass on this rule to set the "ball in motion." And I trust that those older physicians who had been corresponding with me and the BRIEF, long before I took any interest in, or knew the importance thereof, will now take into consideration the common ailments of women and discuss them, independent of me, unless it be in the way of illustration.
Philadelphia, Pa. S. S. STAUFER, M.D.

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[For the Brief.]

Answers to Inquiries.

CHRONIC PNEUMONIA.

EDITOR MEDICAL BRIEF:—Dr. R. T. Wharton's son is probably suffering from chronic pneumonia. Let him begin treatment by dry-cupping his son all over the back—over both lungs. Repeat this cupping every day or two for three or four days, and commence by giving him the following:

R. Muriat. Morph.....1 grain.
Inf. Gentian Comp.....2 ounces.
Nitro-Muriatic Acid. Dil.2 drachms.
Vin. Ipecac.....2 drachms.
Tinct. Hyoscyam.....½ ounce.
M. Sig.: A tablespoonful every three hours regularly.

After each meal, let him also have a tablespoonful of the following mixture:

R. Hypophos. Calcium.....1 drachm.
Hypophos. Sod.....1 drachm.
Brom. Potass.....2 drachms.
Iod. Potass.....1 drachm.
Pulv. Chlor. Potass.....1 drachm.
Fowler's Solution.....1 drachm.
Aquæ Dist.....2 ounces.
Syr. Simp.....4 ounces.
M. Shake well.

After this treatment has been continued for three or four days, let a fly blister, four by six inches, be placed over the lung in which the most suffering is felt, and after the blister has been healed, let counter-irritation be kept up by croton oil or tartar emetic ointment. If the tongue is coated, five grains of blue mass with three grains of calomel for a night or two, followed in the morning with a gentle saline purgative will do much to correct the functions of the liver.

EMPHYSEMA.

Dr. Jno. W. Babbitt's old patient is suffering, in all probability, from emphysema. Let him give his patient:

R. Iod. Potass.....1½ drachms.
Inf. Gentian Comp.....6 ounces.
Tinct. Lobeliæ.....2 drachms.
Tinct. Digitalis.....1 drachm.
M. Sig.: A tablespoonful every three or four hours.

At bed time, every night, let him take a tablespoonful of the following:

R. Potass. Brom.....3 drachms.
Chlor. Hydrat.....2 drachms.
Syr. Simp.....2 ounces.
Syr. Zingiber.....1 ounce.
Aquæ Dist.....8 ounces. M.

If the symptoms of gout or rheumatism are present, let vin. colchicum be added, in proper doses, to the first prescription.

EPILEPSY.

Let Dr. L. J. Wallace, in his case of epilepsy, try the following:

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R. Potass. Iod.....2 drachms.
Inf. of Quassia.....6 ounces.
Fowler's Solution.....1 drachm.
M. Sig.: A tablespoonful every three or four hours.

And,

R. Iron by Hydrogen.....30 grains.
Iodoform.....30 grains.
Ext. Gentian (Solid).....20 grains.
M. div. Pil. 30. Sig.: One pill after each meal.

Sprinkle equal parts of iodoform and oxide of zinc on the ulcer. The case looks as though it was caused by hereditary syphilis.

FELON.

The first symptom of a felon is an uncomfortable feeling accompanied by a sensation of the presence of a splinter in the finger. If, at this stage of the disease and before suppuration has commenced, the patient will keep his finger in a cup of finely crushed ice, and persevere in the application of the ice as long as pain and heat are present, he will find in a day or two his felon arrested and thereby much pain and suffering prevented.

VERICOCELE.

If Dr. A. J. Henderson will add to his treatment, ten grains of iodide of potassium in half an ounce of water three times a day, after eating, for a month or six weeks, he will find, I think, his patient much benefited.

DIPHTHERIA.

I will say to Dr. W. J. Haine, that I have placed my reliance in the treatment of diphtheria and analogous diseases of the mouth, fauces and throat, upon a combination of equal parts of chlorate and iodide of potash. My formula is:

R. Iod. Potass.....1 drachm.
Pulv. Chlor. Potass .....1 drachm.
Aquæ Dist.....4 ounces.
M. Sig.: Single dose, a teaspoonful every half hour to an infant under five years; a dessertspoonful to a child under ten, and a tablespoonful to one over ten years, every half hour.

Under this treatment, premised by a grain or two each of calomel and rhubarb, I have always had, in a majority of cases, the gratification of seeing the white patches disappear from the throat in the space of a day or two, and at the end of a week the infant or child convalescent. Diphtheria is a disease sudden in its attack and rapid in its progress, and the slow process of giving medicine every three or four hours is too remote to be relied upon; for the object is to saturate, as it were, as early as possible, the system with those medicines that experience has taught to possess an apparent, if not real, specific effect in the diseases of the throat; and this object is most readily attained by giving these two preparations of potash at short intervals. The mixture is clear and almost tasteless, and if children are not told that it is medicine, they will take it as readily as they take water. This treatment can be rationally explained by the fact that diphtheria is a disease not only of the mucous membrane of the fauces, but of the glands of the throat also; and these two preparations of potash, to a greater efficacy than any two other known drugs, act specifically on the diseases of the mucous membrane of the mouth and the glands about the throat. Thirty years experience has taught me to rely with as much confidence on the use of this combination of iodide and chlorate of patash in the treatment of diphtheria, as I do upon the sulphate of quinine in the treatment of ordinary intermittent fever; and so confident am I of relieving my little patients with diphtheria with the potash treatment, I feel no more concern about its treatment than I do about the treatment of a case of ordinary chills with quinine.

Prosser James, M. D., in his book on sore throat, says: "Chlorate of potash may be tried by those who have faith in it, and recently some fresh testimony has been adduced in its favor, but other drugs are more to be relied on. Dr. Willoughby Wade combines it with iodide

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of potassium, and, where this last drug was vigorously pushed in five or ten grain doses every two or three hours, he reported unusual success, with no subsequent paralysis." And my own experience is precisely in accordance with that of Dr. Wade. In very severe cases I sometimes use as an adjuvant the following:

R. Amm. Mur.....30 grains.
Tinct. Ferri Mur..... 1 drachm.
Syr. Simp..... 2 ounces.
Aquæ Dist..... 2 ounces.
M. Sig.: A teaspoonful every two hours to a child.

As a gargle and wash for the throat, mouth and nares, I use the following:

R. Sod. Hyposulph..... ½ ounce.
Acid Carbol..... 2 scruples.
Aquæ Dist..... 4 ounces.
Glycerinæ..... 2 drachms.
M. Sig.: Shake well and use freely three or four times a day when necessary.

For infants and children I prescribe a milk diet exclusively, and this I allow to be given at pleasure. I have the throat bound with flannel, and keep the children in a warm room with a temperature of about sixty-five degrees, and free from cold draughts of air until they are well. For thirty years, under this treatment of diphtheria, my efforts have been rewarded by the most gratifying success.

IMPOTENCE.

Let "S" try the following treatment for a month or two, for his case of sexual debility:

R. Potass. Brom.....6 drachms.
Aquæ Camph.....6 ounces.
Tinct. Nucis Vom.....1 drachm.
M. Sig.: A tablespoonful morning, noon, and at bed time.

After each meal let him take:

R. Ext. Damianæ fl.....6 drachms.
Tinct. Cantharides.....1 drachm.
Tinct. Cinchonæ.....1 ounce.
Simp. Elix.....2½ ounces.
Aquæ Dist.....2 ounces.
M. Sig.: A tablespoonful.

Avoid the presence of immoral women and alcoholic stimulants. Let the diet be strong and nutritious. These prescriptions should be used alternately for two weeks at a time, and the damiana increased to one-drachm doses.

EARLY INDISCRETION.

If Dr. J. C. Brown will try the following, I think his patient will be relieved. The treatment must be persevered in for a month or six weeks.

R. Potass. Brom.....6 drachms.
Tinct. Nucis Vom.....1½ drachms.
Tinct. Cinchonæ.....1½ ounces.
Elix. Simp.....2 ounces.
Aquæ Dist.....2 ounces.
M. Sig.: A tablespoonful morning, noon, and at bed time.

To relieve the irritability of the bladder and frequent micturitions, let him take:

R. Balsam Copaibæ.....6 drachms.
Ext. Cubebs fl.....1 ounce.
Aquæ Menth. Pip.....1 ounce.
Syr. Sarsaparill. Comp..1 ounce.
M. Sig.: A tablespoonful after each meal, and then a dose once or twice a day until the irritability of the bladder is overcome.

If the above should disagree, let the balsam capaiba be omitted, or one-half-drachm doses of Pulv. Cubebs, three times a day, substituted for the prescription; but the formula is the best combination.

NASAL CATARRH.

Dr. W. A. Deaton's case of nasal catarrh arises, like all cases of nasal catarrh, from one of two causes, either syphilis, hereditary or tertiary, or a scrofulous diathesis. In either case, the treatment is the same, with very little variance. Let him give his patient before each meal, and at bed time, a tablespoonful of the following mixture:

R. Iod. Potass.....2 drachms.
Tinct. Gentian Comp....1 ounce.
Simp. Elix.....2 ounces.
Aquæ Dist.....3 ounces.
M. Shake well.

As a wash and injection for the nasal cavities, let the following be thrown well up the nose with a syringe, three or four times a day:

R. Sod. Hyposulph..... 1 ounce.
Acid Carbol.....1½ drachms.
Aquæ Dist.....8 ounces.
Glycerinæ.....2 drachms.
M. Shake well.

Alterative doses of mercury will be additionally indicated in the cases of syph-

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ilitic origin; and cod liver oil in those of a scrofulous condition.

J. B. JOHNSON, M. D.

Washington City, D. C.

[For the Brief.]

Puerperal Peritonitis, Etc.

EDITOR MEDICAL BRIEF:—In the January BRIEF, pp. 13 and 14, "A Country Doctor, Hewletts, Va.," gives a description and treatment of puerperal peritonitis, for either of which he will find difficulty in showing any modern authority. In this disease there may be little or no pain. It would be extravagant to say that the majority of cases are marked by the acute intense pain described by the "Country Doctor."

After stating that, a day or two after delivery, the woman is seized with rigors, the acute, intense pain, and has a "quick, frequent, small, corded pulse" of 120 to 130 pulsations per minute, he says, "But these are enough, you may rely on it, she has puerperal peritonitis." These are enough; no physical examination need be made. Thomas (of New York), however, seems to think that there are other symptoms equally important in puerperal peritonitis. Not to speak of rational symptoms, he seems to think that the physical signs elicited by a vaginal examination may be important, to differentiate this affection from pelvic or periuterine cellulitis. In many cases it is quite impossible to distinguish them. But, he adds, "They may usually be differentiated from each other, and a neglect of the effort at such thorough diagnosis is as reprehensible as a similar want of care in determining between pericarditis and endocarditis." One important reason for differentiating them is, that the treatment differs in some respects. May we ask why a "Country Doctor" only gives us six hours in which to commence treatment? Authorities, viz.: Thomas and Playfair, show very plainly that it may even become chronic. In no authority can I find anything leading us to believe that treatment will be futile unless commenced within six hours. Such statements should not be made. If believed, they might lead to disastrous results in the hands of the inexperienced. Now as to the treatment. Country Doctor's opium was good, very good. But calomel (12 grains!) and venesection are both bad, very bad. Fomentations are also good sometimes. Playfair says: "Venesection is not admissible." Thomas does not even mention it, but he says: "No cathartic medicine should be given," and very reasonably, for his principles of treatment are: "1. Entire prevention of pain. 2. Complete control of temperature. 3. Strict observance of absolute quiet." Twelve grains of calomel would not be very conducive to absolute quiet, nor to the entire prevention of pain. A cardinal maxim in peritonitis is to keep the bowels quiet, and because the peritonitis comes on after labor is no reason that it should be disregarded. A few grains of calomel may be given at the commencement of the attack and before the violent symptoms have manifested themselves, but not afterward, nor twelve grains at any time (this is a very large dose at any time and for anything, except in very hot climates). If the six-hour rule be accepted none should be given at all. To return to the venesection. Is there a single indication for it in the disease? Not one that we can think of. Not a word does the "Country Doctor" say about antipyretic remedies. Last, may we ask: In what liquid does he dissolve his calomel? And why will nothing do good before the lapse of six hours except as adjuvants to bleeding to syncope? If the doctor comes before that time, he can do nothing but twaddle his thumbs and watch the clock! If he is going to bleed to syncope at the sixth hour, and give twelve grains of calomel, the patient would fare better were he to watch and

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twaddle till the crack of doom. See p. 30, January BRIEF.

Dr. J. A. Proctor's case for diagnosis is interesting. Will he not state the symptoms more fully? Menière's disease suggests itself. Has he examined the teeth thoroughly? After thorough examination is there any deafness? How about the urine?

A. B. Frix, M. D., wishes to know if the vagina should be tamponed after delivery at full term. Never! Because at that time the uterus is large enough to hold a sufficient quantity of blood to kill the woman, should it be abstracted, and plugging the vagina will not stop the hemorrhage into the cavity of the uterus.

Dr. C. E. Browne's case of sudden death after labor was very probably due to cerebral embolism.

Dr. J. R. Carroll wants a remedy to remove tattoo marks. Tardien gives the following: A paste made of acetic acid and lard applied to the skin, afterwards rub with potash, and lastly with dilute hydrochloric acid. (This is very indefinite, but the best I know of.)

Dr. A. A. Gilmour's case is very interesting. One thinks of hysteria in its many forms, tape-worm, etc., etc. At any rate a thorough vaginal examination should be made, under an anæsthetic, if necessary. MEDICUS JUVENIS.
Hamp. Sid. College, Va.

[For the Brief.]

Puerperal Fever.

EDITOR MEDICAL BRIEF:—To me it is highly gratifying that my article on the treatment of puerperal fever—see page 275 of the BRIEF, 1882—has elicited so much severe criticism. Drs. Ball and Gardner, in their criticism—page 509 of the BRIEF—say: "The doctor discards all the remedies used by the most progressive and enlightened physicians of the present generation, and resurrects the lancet that has been buried for fifty years." This is a regular twister of the tornado persuation, and is so palpably erroneous that it is unworthy of comment; for every well educated physician knows that morphine is given and recommended by the most learned in the profession; that veratrum viride is held in high esteem by some, and that the lancet is regarded by many as indispensable. In the sentence quoted they state by implication, or indirectly, that they belong to the class of physicians which they are pleased to designate as the "most progressive and enlightened of the present generation," and to demonstrate the great superiority of their treatment of puerperal fever, submit a few scintillations from their vast store of accumulated experience. They say, "the blood is not only an organ of life, but a part of life itself." This erroneous declaration is well calculated to prejudice the minds of some against blood letting. A part! Think of it! The blood a part of life! What part? I would ask. Is life made up of little parts? How erroneous—how silly. Is life not a whole, an undefinable, incomprehensible principle—not blood—that no man can see, or feel, or understand—existing in flowers and trees, as well as in man? To assert that the blood is a part of life is presuming upon the intelligence of the thirty thousand intelligent readers of the BRIEF. The belief of an absurdity naturally prepares the mind for the belief of another, and the physician who believes the blood is a part of life, and that the loss of from sixteen to twenty-four ounces of blood in puerperal peritonitis will destroy life, is then prepared for the belief of any other absurdity. Drs. Ball and Gardner state that they have "treated a great many cases of puerperal fever," and that, too, according to their own showing, without the loss of a single case. The phrase, a great many cases, as it is generally used, certainly can not be legitimately construed to mean less than five hundred. Their reported success is without a par-

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allel—a success wholly unknown to the medical profession. The death rate in puerperal fever, as given by many distinguished medical writers, directly contradicts the statement of Drs. Ball and Gardner.

They report a considerable obstetrical practice and assert that they never lost but three cases in child bed. I would suggest that this wonderful success depends, perhaps, upon their relationship to the "most progressive and enlightened of the present generation." By way of illustration they relate the following very interesting case: Mrs. P. was delivered 28th May, did well until 3d June; then took cold, had a hard chill at 3 o'clock, A. M., and continued to have chilly rigors with high fever all day and night; saw her on the 4th at 10 o'clock, A. M., she still having chilly rigors; abdomen swollen and tender, knees flexed, temperature 104; thirst intense, respiration hurried, dark brown coat on tongue, anxious countenance, etc. She had taken a hydrogogue cathartic. Remember, she took cold, and Drs. Ball and Gardner committed an error in diagnosis—blundered—and charged their blunderbuss with just thirteen medicines: spts. nitr. dulc., 1; tinct. gelsemium, 2; fl. ext. asclep. tup., 3; quinine, 4; opium, 5; podophyllin, 6; leptandrin, 7; ipecac, 8; sulph. potass., 9; oil, 10; spts. turpentine, 11; hog's lard, 12; peach-leaf poultice, 13; and with these they made a vigorous attack on "cold," mistaking it for a bad case of puerperal fever, fired into the woman with ten of said medicines, and oh! ye gods, what next? Poor woman, poor cold, poor belly! They leaped upon the poor woman's poor belly, and besmeared it all over with hog fat and turpentine, and applied a huge peach-leaf poultice, and then what?—nothing—for the cold was knocked into nonentity, her poor belly was made easy, and she was discharged in less than two days, sound and well, and the case recorded—one more case of puerperal fever cured and added to our long list of a great many cases treated and not one lost. This case is a fair illustration of the thousand and one cases of very mild and simple diseases treated and reported as cases of puerperal fever, to the great shame and disgrace of the medical profession. The case was a very simple one—catarrhal fever with malarial complications; the tenderness of her abdomen was due to intestinal irritation produced by a drastic cathartic. Opium, to allay the intestinal irritation and quiet the woman, and quinine, to antagonize the malaria, is all that the patient required.

Dr. Goss (see page 30 of the BRIEF) is hopeful that my recommendation to bleed, in puerperal fever, will not deceive or mislead the younger members of the profession; for, says he, the blood is life itself. What a monstrosity! What an absurdity! "An outrage upon reason, and an insult to common sense!" He asserts that puerperal fever is dependent upon a septic poison—a sort of zymosis which produces a specific disease, which is kindred to typhus. This is simply the doctor's opinion, and is not entitled to any more respect than the opinion of any other man who entertains erroneous views in regard to the pathology of the disease. Inquire of the immortal Gordon in regard to the pathology of puerperal fever, and he will tell you, truly—not from theory, but from actual inspiration and examination of the bodies of women who died of the disease—that inflammation is the chief corner-stone of this terrible disease; no mistake, no doubt about it. He lost more than half of all his patients, until the knife made known to him the true pathology of the disease. After having obtained more light, he saved nearly all. He bled early and copiously, and the result was an unprecedented success.

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Puerperal fever is acute peritonitis occurring in the puerperal state. Septic infection is by some, I believe, considered as a sort of puerperal fever, but I do not regard it in that light. There is a sort of septic infection mania now floating above the medical horizon; hence, nearly everything we hear is septicemia, septicemia. My experience has led me to believe that it is not half so common as is supposed by many. Puerperal fever is a dreadful, a highly dangerous disease; the very words are words of fear and of dread, striking terror to the hearts of all who know their dangerous import. It knows no mercy, but lays hold of its victim with tiger-like ferocity, and never relaxes its deadly grasp under the influence of any of the so-called mild methods of treatment—number thirteen, for example. The very nature of the case demands early and heroic treatment. The woman is literally being burned to death. Her peritoneum—a serous membrane embracing more than fourteen square feet—is in a blaze with inflammation, and she is burning like a vast prairie on fire; and unless the fire is early extinguished, she will die. With these facts before us, what folly to think of extinguishing this great flame with trash — worthless trash. Would you think of killing an anaconda with a straw? Or would you attempt to arrest a malignant malarial fever with one grain of quinine? Certainly not. Then why would you attempt to arrest one of the most terrible diseases known to civilization by the administration of trash, or by the taking away of one ounce of blood? Possess yourself of an accurate and thorough knowledge of the disease, in all its details; then be brave; be determined; do not falter; think of the loved ones who have fallen victims, through ignorance, to this insatiate disease; take your lancet and bleed, until the loss of blood has made a marked impression; then give half a grain of sulph. morphine, and repeat so as to banish all pain and procure absolute rest. If too late to bleed, rely upon the hypodermic administration of morphine. You may fail, but "in the night of death hope sees a star, and listening love can hear the rustle of a wing." Inject it cautiously, slowly, watching the effect upon her breathing; slow it gradually; bring it down, down low, as safety will permit; then hold it there by an occasional injection of the required amount. Never leave her bedside for a moment, night nor day, until all danger is passed; and, my word for it, if there is any balm in Gilead, the unfortunate woman will receive its benefit and be blessed.

D. J. Parsons, M. D.
Brownsville, Mo.

[For the Brief.]

Typhoid Fever.

Editor Medical Brief:—It had never been my good fortune to learn from any source whatever, or formulate myself by practical experience, a line of treatment for typhoid fever, that gave satisfaction in three consecutive cases, until 1882. When I say typhoid fever I mean typhoid, with all that the term implies; not every low, slow grade of fever I am called to treat, and which so many physicians are pronouncing typhoid, that they may go as often and as long as they please, and still retain the confidence of their patient's friends.

That there has been a species of fever prevailing throughout the country during the last few years, which resembles typhoid in one or two respects—in its duration and obstinacy in yielding to treatment—can not be denied; but when we come to compare the symptoms of the two we find no other similarity between them. For the want of a better name I call this grade of fever typho-malarial. While common bilious remittent fever, characterized by a foul, yellowish, thickly coated tongue, is easily subdued, yield-

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ing very readily to proper treatment in three or four days, the former, characterized by a whitish, slightly furred tongue, continues from seven to fourteen days, and sometimes longer, in spite of everything that can be done. Quinine, although the periodicity of the febrile paroxysms or exacerbations is a prominent feature of the disease, does not seem to meet the indications as an anti-periodic and anti-pyretic.

But to return to typhoid. There is no necessity of any physician of experience ever making a mistake in diagnosing typhoid fever. The dry, parched, cracked lips; the dark sordes on teeth and gums, and the black, dry, crusty, narrow, pointed, tremulous tongue, protruded with great difficulty, are sufficient of themselves, without enumerating other characteristic symptoms, to enable him to make his diagnosis without the least doubt or hesitation.

The treatment which gave me satisfaction in four consecutive cases that came last year is herewith appended:

R. Calomel..... 2 scruples.
Dover's Powder.....25 grains.
Bismuth, Sub. Nit..... 1 scruple.
M. Sig.: One every three hours.

Three hours after the last dose give the following:

R. Castor Oil..... 1 ounce.
Muc. Acacia..... 1 ounce.
Spts. Terebinth.....20 drops.
M. Sig.: One-third every two hours.

Then give:

R. Sulph. Quin. or Cinchon. 1 drachm.
M. ft. Pil. 15. Sig.: One every four hours.

Alternated with the following:

R. Salicylic Acid.....2 drachms.
Chlor. Potass.....2 drachms.
Brom. Potass.....2 drachms.
Spts. Terebinth.....1 drachm.
Muc. Acacia. .....6 ounces.
M. Sig.: Tablespoonful every four hours.

The above is for an adult. Diminish according to age. It was very gratifying to see how nicely their tongues cleaned within three to five days, resuming a natural, moist appearance. The above, in connection with stimulants, milk-punch and egg nog, and occasional sponging, having accomplished for me what no other treatment had ever done in four consecutive cases. I am somewhat desirous to give it publicity. Whether it was merely a coincidence, I am not prepared to say, but I am strongly inclined to the opinion that to the treatment is due much credit for the result.

W. W. Stinson, M. D.
Cornersville, Miss.

[For the Brief.]

Neuralgia.

Editor Medical Brief:—The great increase of diseases of a nervous class, and their frequent occurrence in practice, render them very important. The writer has been a sufferer for the last twenty years with neuralgia, generally in the extremities. It comes on in one limb, moving from one part to another, with most excruciating paroxysms of pain, which ease off to return again in a short interval. It may strike me in the foot or instep, or one side of the foot or the other, or the bottom or top of the foot, or in the leg near the knee, or below or above the knee, or thigh, or launch first in one and then in the other leg, similarly, but never affects the joints. It occasionally gets up in my side, about the pericardium. When it is in my limbs, if I can grasp my limb with both hands and hold it as hard as I can, it will help to ease off the the paroxysm for the time. After trying various treatments, I have often tried cold bathing, which generally gave me relief—using one pitcher of fresh well-water after another until the pain would ease off; and then I could go back to bed and get a little sleep. Sometimes a warm or hot bath—as hot as I could bear—would help; and, again, I would get no relief until I would resort to morphia, but I generally refrained from taking morphia as long as I could, because I did not want to get into the habit;

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but, after all, I have become habituated to it. Though I am trying to break off from its use, it is hard to do so. At one time I thought that I had cured the neuralgia, by the use of iodoform, and tried Warner's pills, recommended for neuralgia, and I felt like a new man for about a month; but the pain returned, and I tried them again, but they appeared to have lost their effect on me. About six months or so ago I became affected with spermatorrhœa. There would be a quantity of matter settle in the bottom of the chamber-mug, and also a calculous deposit would crust fast to the bottom of the vessel. Finally I became diabetic, and discharged a great quantity of water, with the odor of mellow apples. I used the fluid ext. buchu and other remedies, and appear to be relieved of those kidney affections, but still suffer from neuralgia; and, for that, I have been thinking of going to Hot Springs, Ark., this coming spring, although if any of your many readers can suggest a remedy for me, through the BRIEF, I shall be thankful; and also for a cure for the morphia habit.

Concord, N. C. JOHN FINK, M. D.

[For the Brief.]

Ulcer of the Stomach.

EDITOR MEDICAL BRIEF:—I have read the description, by Dr. John A. Tuthill, of his case of disease of the stomach. Its beginning was, no doubt, simple gastritis, which had gone on to the stage of ulceration, and, if allowed to go on unarrested by either nature or art, will run into the third stage—that of perforation and death. Dr. T. has graphically given the symptoms of an ordinary case of ulceration of the mucous membrane of the stomach. This disease, in its first stage of either acute or simple chronic gastritis, can be, and often is, cured by well-regulated diet and suitable medicine; but it is almost an impossibility to cure a case of chronic gastritis with ulceration of the mucous membrane, if the patient is allowed to go about freely, and to take his food and medicine by the mouth. There is no hope of giving him even temporary relief if he is not placed in bed, and kept there in a recumbent posture, and suffered to take nothing by the mouth except a teaspoonful of equal parts of fresh milk and lime-water, to occasionally moisten his mouth when it becomes uncomfortably dry. The stomach must, for a week or ten days, be placed in a state of complete rest, and and freed not only from the mechanical irritation of the presence of food and medicine within it, but from even the physiological irritation of the action of digestion itself. A blister, three by four inches, of emp. canthard., should be placed over the sore spot in the epigastric region, and allowed to remain six or eight hours, and then dressed with one-third of a grain of sulphate of morphia, and covered with a cloth spread with vaseline. The rectum should be well emptied by an ordinary injection, after which nutritive enemata, with from twenty to thirty drops of tinct. opii, in quantities of three or four ounces, should be given every three or four hours, for at least a week or ten days, at the end of which time the stomach can then be tried to ascertain if it will digest an ounce or two, every two or three hours, of equal portions of fresh milk and lime-water; and, by a gradual accession of arrow-root and rice to the milk, the patient can be allowed to slowly and cautiously return to a stronger diet. During this treatment, by the rectum, it may be necessary to use, occasionally, hypodermic injections of morphia, to subdue restlessness, nervousness and pain. The enemata should, of course, always be prepared from beef, and the various formulas for the preparations of the extract of beef for rectal alimentation are so numerous and familiar it is not necessary for me to repeat any of them. J. B. JOHNSON, M.D.

Washington City, D. C.

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[For the Brief.]

Otitis, Externa and Media.

EDITOR MEDICAL BRIEF:—The ear, to be treated properly and successfully, requires a careful examination the same as the eye or any other organ to find out the pathological condition. If a person has pain in the ear, with or without a discharge, there must be a cause, and we must search for that cause, remove it, and the effect will pass away. In otorrhœa 'discharge from the ear,' the speculum and mirror with reflected light should be brought into requisition to find out the condition of the parts and the source of the discharge, the use of which will enable us to form our diagnosis as to whether the external meatus 'otitis externa', or middle ear 'otitis media', is implicated, or both, which may be acute or chronic, according to the time the disease has existed. It is evident that our treatment must be based upon the condition the organ is found in, and detected by the means herein stated. Upon examination there will be found inflammation of the lining membrane of the meatus externa extending often into the middle ear, and in chronic otitis media there often will be perforation of the drum membrane with collection of pus; if the drum is not perforated, and there is collection of pus in the middle ear, you will find the membrane puffed out. There will be a granulating and often excoriated surface, sometimes you will have a polypus to deal with, generally, in chronic otorrhœa. In disease of the ear we may have partial or complete deafness in one or both ears, pain more or less, noises and a sensation of fullness, and if the middle ear with the eustachian tube is implicated, there will likely be soreness of the throat and pain reflected down the neck and to the anterior parts of the head. This will be the case where inflammation of the throat has extended by contiguity of tissue through the eustachian tube. In some cases the tube becomes thickened and impervious, no doubt, at times, being blocked up by tenacious secretions, the equilibrium of air is not maintained between the outer and middle ear by ingress of the atmosphere through the mouth and throat. This condition will be evident by noises, deafness; the patient frequently can count every throb of the arteries which to him is very apparent. Upon holding his head down below the breast, the pulsation in the arteries and deafness will immediately cease, caused by the eustachian tubes being dilated in that position the air being admitted, hence an equilibrium between the external and middle ear. Upon the head again being raised to the upright position, the deafness and noises will continue. In this condition the noises and deafness will not be constant, but more marked at times and frequently induced by excitement or by becoming over-heated. Chronic otitis media with implication of the eustachian tubes is frequently induced by exposure 'taking cold', by measles, scarlet fever, and tonsilitis. Mercurial salivation may and does produce it, followed by an inflamed condition of the mucous membrane of the throat. Sometimes it may pass away, again there will develop a subacute congestion 'pharyngitis', which will become chronic, frequently pass to the nose and develop nasal catarrh, then up the eustachian tube to the middle ear, mucus is secreted in the cavity, inflammation increases, pus is formed, as there is very little if any exit, it perforates the drum membrane and discharges into the meatus externa; but as the cavity does not empty itself completely through this channel, the perforation as a general thing being small, pus remains, decomposes, and becomes an endless source of irritation. As this process of secretion goes on, the organ becomes more irritated, the mucus membrane of the middle ear becomes thickened, the secretions become offensive,

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the disease extends outwards and inwards, and we have a case of purulent chronic otitis media and externa. As the disease progresses, complications ensue, the mastoid cells become involved and result in ulceration, and if not evacuated, an opening takes place connecting the surface of the mastoid bone with the middle ear, the disease may extend inward involving the meninges of the brain. A thin partition of bone separates the dura maters and middle ear at this point, and if it is perforated by ulceration and necrosis, a grave complication supervenes—acute meningitis, which may assume, if progressive, a chronic form, chronic meningitis, with all its untoward symptoms, convulsions, mania and death. As a discharge from the ear with pain, with or without deafness, is a sign of inflammation in the organ, it is evident that a careful examination should be had. The ear is too delicate an organ to be probing into without we know what we are about, and this knowledge we must have before we attempt to treat it.

E. Carmichael Rothrock, M. D.
Athens, Tex.

(To be continued.)

[For the Brief.]

Morphia—Atropia.

Editor Medical Brief:—I have noticed the remarks of Drs. Bogart and Bertonshaw, in the November Brief, p. 500, in relation to the above combination. A dozen or more years ago, a writer for the "American Journal of Medical Science," highly recommended the above combination, to modify the action of morphine. Acting upon this suggestion, I first combined, very intimately, one hundred and ten grains of finely pulverized licorice root with ten grains of atropia. This again was mixed carefully with one ounce of the sugar of milk. Here then were six hundred grains of the mixture, one grain of which contained one-sixtieth of a grain of atropia. It will be seen, that the numerals 1-2-3-4-5-6 represent $\frac{1}{60}$-$\frac{1}{30}$-$\frac{1}{20}$-$\frac{1}{15}$-$\frac{1}{12}$-$\frac{1}{10}$. There was an elderly lady—now dead—who had often been under my treatment for rheumatic neuralgia, who could not take morphine without producing the most distressing effects. Though it quieted pain it would not make her sleep, but on the contrary, she was haunted with grotesque illusions in the shape of ghosts, hobgoblins, and other frightful objects. When these effects had passed away, she was sick at the stomach, weak, and almost breathless. Her pulse was small, quick and unsteady, and she could not be raised up in bed without fainting. It generally took from three to four days to recover from these effects. In fact, I had ceased to give her opiates in consequence of these disagreeable results. Here then was a case to test my combination. I did not have to wait long before she was seized with another of the above mentioned attacks. It came on suddenly, and with great severity. I heard her moans before I got to the house. I at once gave her a half grain of morphine with five grains of the mixture. In half an hour she was asleep, and slept quietly between four and five hours. Soon after she went to sleep she broke out in a warm perspiration, and when she awoke she was sweating freely. She had no sickness at the stomach. The pulse, though quite frequent, was full and soft. As soon as the sweat had dried off she sat up in bed and took some nourishment. The subsequent treatment was easy and simple. I should say, however, that when she awoke she was free from pain. I watched the action of this combination with a great deal of anxiety, and was greatly pleased with its behavior. I got along with this attack very easily, while former attacks had given me much trouble and vexation. Since that time I have administered this combination hundreds of times, and ordinarily with satisfactory

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results. It sometimes failed to produce the desired effect, but on close observations I became convinced that the failure resulted from a want of due proportions of the two ingredients, and consequently failed for the want of a sufficient antagonizing power of the atropia. For instance, I found that one-sixtieth of atropia did not antagonize satisfactorily one-eighth of morphine. I hope the brethren will try it and report. Perhaps they will discover facts and reasons I have failed to see. In a multiplicity of counsel there is safety. A. NEWTON, M. D.

Honey Creek, Ill.

[For the Brief.]

A Minnie Ball Causes Neuralgia.

EDITOR MEDICAL BRIEF:—I clip the following from our county paper, and as Mr. Rabb is a near neighbor, I substantiate its truthfulness:

"COLD SPRINGS, MISS., Dec. 30, '82.

"*Mr. Editor*:—At the battle of Cedar Run, on the 19th of October, 1864, Mr. A. T. Rabb received a wound immediately under the right eye, which destroyed the sight of that member, but did not otherwise seem to be of any injury. For a number of years Mr. Rabb has been the victim of neuralgia—so called for want of a better name—and has suffered at times the most excruciating pain. So great has been this suffering that I have seen him, apparently, from the inmost recesses of his soul, wish that he might die. All this time, be it remembered, Mr. Rabb was confident that the ball had rebounded, and was left on the battle-field. On the 19th inst., during a paroxysm of intense misery and torture, and while he was making a great effort to clear his throat, the ball—a huge minnie, battered somewhat, and incased in decayed bone and flesh—seemed by its great weight to drop loose, and, falling into his throat, was coughed up, having been imbedded in his head or neck for a period of eighteen years and two months. Will this cure his neuralgia? He has not suffered any since he got his bullet.

"I. A. CARTER."

The ball weighed a fraction over an ounce; is slightly battered, and dropped through the posterior nares into the mouth. The bone attached to the ball was a part of the ethmoid.

R. DARRINGTON, M. D.

Kingston, Miss.

[For the Brief.]

Tasteless Preparation of Iron.

EDITOR MEDICAL BRIEF:—Formulas wanted for "Creuse's tasteless preparations of iron," page 411, BRIEF for September, 1882. The preparations consist of a tasteless tincture of the muriate of iron; a tasteless syrup of the iodide of iron; and the tasteless iodide of iron salt in the form of soluble scales. These are preparations on the principle of making a double salt with an alkaline citrate (as in the soluble citrate of iron), which seems to do away with the taste of the iron. Creuse's tasteless tincture and tasteless syrup above mentioned are of the same strength of the iron salts as the tincture of the chloride of iron, and the syrup of the iodide of iron of the pharmacopœia. They can be procured at nearly all wholesale druggists, and at a great many pharmacists, and from the depot of Messrs. Shering & Glatz, 52 Maiden Lane, New York.

New York. J. MILHAU'S SON.

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Extra Notice.

Having lost, by fire, the original communications intended for the next issue of the BRIEF, our friends will confer a favor by forwarding their articles as early as possible. Every physician knows something of value that he should communicate to his brother practitioners.

[For the Brief.]

Typhoid Fever.

EDITOR MEDICAL BRIEF:—As the subject of typhoid fever is under discussion, would it be profitable to ask what of the typhoid cases of to-day, in many localities, that many doctors talk of seeing constantly, that sicken, have the ordinary course, and result often in recovery or death, all within five or six days? Is such a case possibly a genuine typhoid case, or something entirely different? Are not many simple malarial-fever cases often so managed that, instead of being promptly arrested within a few hours, as they should be, and generally can be, with two or three prescriptions, they are allowed to run into a so-called typhoid fever? Why is it that of two competing practitioners in the same locality, possibly graduates of the same college of medicine, of equal abilities and energy, and practice of same community, and extend over same ride, one will have only one typhoid case, on an average, per year, whilst his brother physician can almost constantly count his typhoid cases by the dozen, if not by the score, and no different class of patrons for his patients? Why does one always declare that the secret of treating typhoid successfully is to guard against his simple malarial fever cases from developing into typhoid, and recovering with a few judicious doses of medicine, whilst his competitor takes great pains to insist, on all occasions, that "it is impossible to arrest typhoid fever; that it has to run its course," etc.? He, too, takes a simple case of mild malarial fever as an every-day occurrence; when called, finds a common "bilious fever;" next visit, pronounces it as having "changed to a bilious remittent;" third visit, perhaps, "has changed to a nervous fever;" next visit, again, it "is changed to typho-malarial;" then, last, it is dying or dead from a "genuine typhoid fever"—all within five or six days. Is this not true, as experienced in every Western and Southwestern region, and too much the case in all parts of the country? What causes the marked difference in the cases, and treated by these two brother practitioners, in the same locality? One scarcely ever has a case of typhoid to treat, but when he does, it is one of the genuine, old-fashioned ones, that runs from a dozen to a score or two score of weeks, as all have a recollection of hearing the old typhoid had to run, when once allowed to seat itself in the system of its victim. The other physician counts his typhoid cases by the hundreds yearly, and takes pride of telling of the vast number treated by him. A physician once told an old doctor that "he had over a dozen bad cases of typhoid under treatment. "Good God!" replied the old doctor, "if I had half that number to treat in a year, I should quit practice, as being something wrong in my treatment of ordinary fever so as to develop them into so many typhoid cases, or it were a punishment from heaven on me for some unpardonable sin I might have committed, to be tortured with such a frightful number of cases, that should be enough for an entire life-time practice, in an ordinary region of practice, beyond the true typhoid-engendering influences."

Can any of the 30,000 readers of the BRIEF tell why one physician has his hundred cases of typhoid, whilst his competitor, in equally extensive practice, scarcely ever has a case per year, all other things being equal?

Bourbon, Ind. A. C. MATCHETTE, M.D.

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BRIEF GLEANINGS.

In the headache of migraine, one grain of the citrate of caffeine given every half hour will often produce most marked relief.

In neuralgia about the face or head, three-minim doses of the tincture of gelsemium every half hour will often act almost miraculously and leave no ill effects.

Pure Chemicals.—Physicians are often imposed on by the use of badly made chemicals. They therefore should know that "Mallinckrodt's Chemicals" are always pure.

A single drop of the tincture of nux vomica, given every ten minutes, will often produce most marked relief in sick headache not of a neurotic origin. It should be given immediately after or soon after meals.

It is well known that cantharides, when given in large doses, is liable to cause inflammation of the urinary tract; but it has been found that a single drop of the tincture, every hour, will in many cases relieve vesical catarrh.

Radical cure of rupture in 140 cases, by Dr. Geo. Heaton, was accomplished by injecting ext. quercus alb. into the hernial canal outside the peritoneal sac. When it failed to cure, great relief was obtained.—*Louisville Medical News.*

The Endermatic Use of Quinine in Malarial Pneumonia of Children.—Dr. L. Galanti, of Rome, applies an ointment of sulphate of quinine to the raw surface produced by blistering, in the malarial pneumonia of children. By this means he avoids the difficulties often encountered in the internal administration of this drug.—*Gazzetta Medica di Roma.*

Ethics.—"Do unto others as you would have others do unto you," is the *only* code of ethics necessary for any physician—*less* than this is wrong—*more* than this is superfluous.

Physicians, when called out at night, find that a tablespoonful of Cocalac refreshes them and enables them better to undergo the loss of sleep and other fatigues incident to their profession.

For the diarrhœa of children, accompanied with slight inflammation, straining, and the passage of jelly-looking matter, but not true dysentery, five drops of castor-oil, given every hour in water, with sugar and gum, is an excellent remedy.

Toothache.—Dr. Sporer recommends that three to four lumps hydrate chloral, should be inserted into the painful and hollow tooth, the chloral being allowed to dissolve. He has treated thirty-eight cases successfully in this way, and has also obtained good results in several cases of hemicrania resulting from carious teeth.

Jaborandi in Asthma.—Dr. Thomas reports fifty cases of asthma treated with jaborandi, all of which were benefited, and some, he thinks, cured. He gives four-drop doses of the fluid twice a day, and double the quantity on retiring. It produces free flowing of mucus, and also relaxes muscular fibre.—*Chicago Journal and Examiner.*

Sore Throat.—Dr. A. Livezey says, in *Medical Summary:* In the first stage of tonsillitis, quinzy or sore throat, I have repeatedly used the following "astonishing gargle" with prompt success:

R. Tr. Guaiac Am.....3 drachms.
Liq. Potassæ.....3 drachms.
Tr. Opii, U. S. P.....2 drachms.
Aquæ Cinnam., q. s. ft.8 drachms.

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FISSURED NIPPLES. — Monti recommends that the nipples should be anointed with a (freshly-made) solution of gutta-percha in chloroform, just enough of the latter being added to make the the solution fluid. As it dries it forms a protecting pelicle, which does not come off even after suckling.—*Le Practicien.*

Two minims of the tincture of hamamelis every half hour will often control hæmorrhages. I was at first inclined to look upon this statement with a great deal of distrust, but I have since tried it in cases of hæmorrhage from the nose, from the uterus, and in the hæmorrhage from hæmorrhoids, and have found it of great benefit.

FIVE to ten minim doses of the fluid extract of jaborandi, given every hour or half hour, will produce marked perspiration without causing any unpleasant effects upon the heart. I sometimes combine with the jaborandi the tincture of digitalis, with a view to counteract any possible evil influence which the former drug may have upon the heart.

WASHING OUT THE STOMACH WITH CHLOROFORM WATER. — Dr. Aurelio Bianchi reports three cases in which he employed chloroform water, in the proportion of one drachm of chloroform to a quart of water, for washing out the stomach. The first case was one of supposed cancer of the pylorus, and is claimed to have been much benefited by this procedure. The two others were instances of chronic dyspepsia, and are said to have been cured.—*Lo Sperimentale.*

THE tincture of belladonna, in minim doses, given every half hour, is a good remedy in cases of nasal catarrh, and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered, as it is less quickly eliminated from the system than the other medicines of which we have already spoken. In cases of pulmonary œdema with failure of heart power, belladonna thus administered is of benefit in retarding the exudation of serum, and in overcoming the failure of heart-power.

SUGAR IN DYSPEPSIA.—I have, for many years, been using pure sugar in some forms of dyspepsia. Though often beneficial when employed alone, either in sick-headache or migraine attended with vomiting or nausea or a tendency thereto, the following combinations will in some cases be found of great value:

R. Sacch. Albi ..... 2 drachms.
Zingiberis ..... 5 grains.
Sodii Chlor.....10 grains. M.

R. Sacch. Albi.....2 drachms.
Capsici.....6 grains.
M. Sig.: To be taken alone or with but little water.

—*Dr. Purnell, in Med. Reporter.*

RHEUMATISM.—We have used salicylate of soda for several years, both in hospital and private practice, and can fully indorse Dr. Clouston's conclusions. The prescription we generally use is as follows:

R. Acid Salicyl.....3 drachms.
Sodæ Carb.....1½ drachms.
Syr. Limonis.....1 drachm.
Aquæ Cinnam, ad.....8 drachms.
M. Sig.: A tablespoonful every two hours.

Some physicians give as high as twenty grains every two hours, but there is danger of sudden collapse from large doses of this remedy. Dr. Brinton (*Medical and Surgical Reporter*) administers it in twenty-grain doses every two hours until the pulse is reduced, and states that in twenty-grain doses there is no danger of collapse so long as the pulse does not fall below 84. He combines it with liq. ammonia acetatis, and thinks it acts better than when given alone.—*Medical Digest.*

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DIGITALIS, BY DR. FOTHERGILL.—The indication, then, for digitalis, is not a murmur in the heart; nor a certain form of valvular lesion; nor tumultuous action; nor yet rapidity of action; but, as Rosenstein has put it, whenever it is desirable "to fill the arteries and empty the veins." That is the impression which each student of medicine should form in his mind as to the action of digitalis. If he would do so, the doubts which otherwise may beset his mind in the exigencies of practice will not often embarrass him. Say it is a case of aortic regurgitation: if the arterial system is well filled then digitalis is contra-indicated. But if the wall of the heart be yielding in the later stages, then surely it ought to be given. In almost all stages of mitral lesion digitalis is indicated. But there is another condition in which digitalis is sometimes given with injurious effects which contrasts with these conditions. The hypertrophied gouty heart often palpitates when there is arteriole spasm, and the larger arteries are tense and full of blood. The resistance offered by this full arterial system to the onward flow of the blood at the cardiac systole is such that the ventricle palpitates in its efforts to contract effectually —such a condition is commonly seen in the "chronic Bright's disease without albuminuria," so well described by Dr. Mahomed. Here digitalis does no good, but harm; for the arteries are already full to the risk of apoplexy. Indeed, this last accident has followed the administration of digitalis under these circumstances. The full artery, then, is a contra-indication. Just as much as an empty artery is an indication for the administration of digitalis,—whether the heart be diseased or not.

Digitalis is a diuretic, says another. Whenever the bulk of urine rises then I know digitalis is doing good. The bulk of urine, as Traube taught, is the index of arterial fulness. When the arteries are filled by the action of digitalis the bulk of urine is increased. The rise in the bulk of urine tells in the most unmistakable manner that the action of the drug is filling the arteries. In dropsy, when the bulk of urine is low, and the specific gravity is high, then digitalis is pre-eminently useful. When albuminuria is present from venous engorgement in heart failure, digitalis will often be followed by its disappearance. As the arteries are filled the veins are depleted; the albumen, which tells of venous congestion, disappears as this state of the veins is relieved; as the arteries are filled the bulk of urine rises.

The great matter for the practitioner to remember about digitalis is, that it increases the energy of the ventricular contractions; and that the clinical indication for its administration is an empty artery. Remember Rosenstein's maxim, "digitalis fills the arteries and empties the veins." With such views before his mental vision the practitioner will rarely experience any difficulty in deciding when to give, or when to withhold the potent digitalis—potent for good or harm, according to the circumstances under which it is prescribed. In cases of cerebral anæmia digitalis may often be prescribed with advantage when it is desirable to raise the blood pressure within the arteries.—*Glas. Med. Jour.*

CANCER.—In a late number of the *Lancet and Clinic*, appears an article by Dr. Wm. A. Collins, which, without any extravagant promises, simply narrates his experience in treating cancerous ulcerations with freshly-powdered ergot. Dr. Collins is so well pleased with his success in not only relieving but in curing a number of undoubted cases, that he says he shall certainly continue to use it in cases of lupus, rodent ulcer, or of carcinoma.

Each of the cases which he relates came to him from one or more practi-

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tioners of acknowledged ability, who had already made the diagnosis of cancer. On the first trial of this remedy, the result astonished the patient and himself. Patient was sixty-seven years of age. A deep irregular ulcer of face and neck of six inches in diameter, with an indurated, nodulated margin, had existed for two years and been steadily increasing. In the center the carotid artery could be plainly seen pulsating. Death from exhaustion seemed imminent. Fresh ergot freshly ground to an impalpable powder, was applied three times a day, and once every day the ulcer was thoroughly washed. After each application a muslin rag, wet with a carbolic wash, was applied. Patient was also put on iron, quinine, etc. In a short time the ulcer assumed a healthy aspect, the induration of the lymphatic glands disappeared, and within twelve weeks time it had entirely healed. It has remained healed, and the patient is to-day in excellent health.

ASTHMA.—Dr. Wm. M. Welsh (*Medical Bulletin*) gives the following formula for the treatment of asthmatic attacks:

R. Stramonii Foliarum...10 drachms.
Potass. Nit..... 5 drachms.
Seminis Fœniculi.....½ drachm.
Sacchari..... 2 drachms. M.

The stramonium leaves and the fennel seeds should be ground to a powder, not very fine, and passed through a sieve so as to get rid of the stems and coarser fragments. All the ingredients should then be rubbed together in a mortar, without producing a very fine powder. The mode of using the material is to place a small portion of the powder on a dish and ignite it with a match. It should burn slowly and somewhat irregularly, emitting fumes as it burns, which, of course, are to be inhaled. The fumes may be conducted to the mouth of the patient by means of a paper hood placed over his head. It combines, the author claims, the good effects of nitre and stramonium.

HOW TO PREVENT CONSUMPTION.—1. Sunshine as much as possible in the open air, when the thermometer is below 80°. Condemn every room as uninhabitable into which the sun can not stream freely and fully for at least four hours a day. Condemn, in such rooms, all those dust and germ traps which hang as draperies and curtains inside the windows, obstructing the light of the blue heaven, and stealing away the sunshine.

2. Muscular exercise. This boy here, with heredltary predisposition — who comes from his jump and run, panting and puffing, and frightens his over-anxious mother out of her senses—he has, in the last half hour, done more for himself to avert threatening evil than all possible and impossible tonics can do for him during his lifetime.

Gymnastics in the open air, calculated to develop and invigorate the thoracic muscles, with a view to counteract superficial breathing, should be carried on, daily, all the year round. German turning should be introduced everywhere. English boxing and American base-ball are the next best exercises for the purpose. A great many methodical exercises have been devised which even the feeble and delicate can execute. The following is one of the best: The subject is to run up and down, for half an hour at least, twice or more a day, in the open air, in a garden or any open space protected against dust, with every inspiration brandishing both arms over his head, and letting them drop with every expiration. Every muscle which plays a part in respiration is hereby exercised.

3. Substraction of heat. The best means to counteract the threatening or already existing hyperæmia of the lung capillaries is reduction of temperature—substraction of heat from the skin by cold ablutions, applied to the thorax or the whole body.—*Dr. Rust, in Va. Med. Monthly.*

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URETHRITIS IN THE FEMALE.—Dr. Fissiaux relates fifteen cases in which Dr. Leblond treated blennorrhagic urethritis in the St. Lazare Hospital, in the following way: A short stilette is wrapped round with cotton-wool, covered with coal-tar soap; this is passed into the urethra and retained there. It is renewed every other day. During micturition the patient prevents it from falling out by pressing it with her finger. The rationale of the treatment is that the tampon separates the folds the urethra from each other, and thus keeps the whole surface of the mucous membrane at rest, and in contact with the medicament.

HUTCHINSON records a case of a large, robust man, who was thought to be in extremis from a violent attack of idiopathic erysipelas of the head and face. Iron and the usual internal remedies had been tried, but no external application had been used. Iodine was now painted on the scalp. This had a magical effect, the patient being out of danger two days afterward, the amendment beginning with the first application of the iodine. Dr. Hutchinson has never before seen so desperate a case recover so quickly. It should be remembered, however, that the occasional value of iodine in erysipelas has been known for many years.—*Medical Record.*

SCARLET FEVER.—I have never had any trouble when the friends were not afraid to use water as I direct. I always put the patient in a wet pack if I am called before the rash is thoroughly out and before desquamation begins to take place. I use water about 65° or 70°. This will act nicely in allaying the fever and bringing out the rash. I leave them in the pack from half to three-fourths of an hour and give them all the cold water they want to drink. Of course they are well covered to keep off chilly sensations. If one pack will not cool off the fever I order it repeated in a few hours. If the friends are afraid of this treatment I endeavor to have them bathe the patients every two or three hours with tepid water, giving all the cold water that they want to drink. I have found milk diet to be the best for children with scarlet fever. I use whatever remedies I think indicated, but feel sure the water treatment is a great aid.—*By A. F. Randall, M. D., Lexington, Mich., in Med. Call.*

DIAGNOSIS OF LUPUS.—By Dr. McCall Anderson, in *Medical Times and Gazette:*

Lupus Vulgaris.	*Epithelioma.*
1. Commences usually before the age of twenty-five, and often much earlier in life.	1. Occurs usually in persons getting up in years.
2. An indolent, painless affection.	2. Tingling, and pain often lancinating in character, common.
3. Edges of patches, though often round and elevated, are soft.	3. Edges hard, everted, and often having a glistening, translucent appearance.
4. Ulcers in most cases superficial, soft, throwing out profuse granulations, and edges often undermined.	4. Ulcers oftener deep, hard, with uneven, finely granular appearance, and exuding a sticky fluid, which gives a varnished appearance to the surface.
5. The nose is the part of the face oftenest attacked.	5. The nose is not more frequently involved than other parts of the face.

PREMATURE BIRTHS PREVENTED BY TAKING BLOOD FROM THE ARM.—Nov. 4, 1880, Mrs. F. (robust). After repeated premature births, took three or four ounces of blood from the arm at about a month after quickening; went the full time; child alive and strong; has had another since without the necessity of bleeding. March, 20, 1882, Mrs. G. (delicate.) After repeated failures to carry her offspring to the full time, at length agreed for me to bleed her; took three or four ounces of blood

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from the arm; went her full time; safe labor; healthy child. I commenced this practice nearly fifty years ago, in England, and since I have been in South Australia (over forty years), I have successfully treated many similar cases. The plan I have adopted and here stated has invariably succeeded in preventing the recurrence of those troublesome and disappointing cases of premature births. My reason for using the lancet in the first instance arose from observing, in many cases, the congested state of the fœtus and its appendages.—*George Mayo, in Austr. M. Gaz.*

The unscrupulous imitator is abroad with his wares. He is ever ready with his goods of doubtful value, aud his attempts to foist them upon the profession and trade under the plea of cheapness; the latter is only too true, their greatest merit being cheapness. Special care is necessary to avoid being imposed upon, when ordering or prescribing ready-made pharmaceuticals, by carefully specifying the particular make or brand wanted. Unless this caution is observed, disappointments are most likely to follow which affect not only the physician and druggist, but the patient and the class of remedies employed.

The Cure of Saccharine Diabetes.—In a paper by Dr. G. Félizet, read before the Academy of Sciences, says the *Journal d'Hygiene*, the author claims to have discovered a remedy for a disease usually regarded as incurable—saccharine diabetes. The author states that he has succeeded in putting an end to glycosuria artificially produced in animals, and that the medicine that suppresses the artificial glycosuria will also cure diabetes in a few weeks or months. There exists, says he, a bond of union between artificial glycosuria, intermittent diabetes and confirmed diabetes, and that bond is irritation of the rachidian bulb. It is not, then, in masking the disease by submission to the severities of a regime exempt from bread, feculents, sugar, etc., that we succeed in curing it, but by tapping the very source of the production of sugar—that is to say, by suppressing the irritation of the bulb. Bromide of potassium, by the elective action of sedation that it exerts on the functions of the bulb, suppresses the effects of such irritation with a rapidity that is often surprising, and, in large and repeated doses, cures the diabetes.

Baptisia Tinctoria—Wild Indigo.—This remedy has long enjoyed a reputatian in the treatment of typhoid conditions. Its influence upon the corrective forces in the system where sepsis exists is often pronounced. It especially influences the glandular structures of the gastro-intestinal tract, correcting retrograde metamorphosis. Therefore, in ulcerative states, with rapid breaking down of mucous and sub-mucous structures along this track, it may be thought of as the first remedy of importance. Diphtheria, scarlatina, typhoid fever and epidemic dysentery may be named as diseases where this agent will prove of most avail. Let there be swollen, dusky-colored mucous membranes with sloughing tendency thereto, and the indication for baptisia is developed. In diseases of the fauces we may see these indications. In typhoid dysentery or pneumonia the prune-juice discharges evidence what is going on. In typhoid fever, with tympanitis, diarrhœa and other symptoms of impairment of Peyer's patches, it will afford the most positive curative influence of any remedy known.—*H. T. Webster, M. D., in Cal. Med. Jour.*

Test for Pure Creosote.—Mix sample with pure glycerine, shake well together, then let stand a short time. If pure the creosote will not mix with the glycerine.

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DRUG-WORLD.

EMULSIONS.—The call by prescription for fresh made emulsions is a familiar and oft recurring one to many druggists, and in my opinion the idea embodied in this query is to provide formulas for the extemporaneous preparation of cod liver and castor oil emulsions.

In the course of a number of years' work at the dispensing counter, I have had many occasions to prepare emulsions on call, and having determined to my own satisfaction on a process for making them, I accepted the query in hopes of being able to present some serviceable ideas on the subject to others who may not have been made investigators by necessity.

The articles published from time to time on emulsions are numberless, and a careful study of the authorities on the subject satisfies me that the matter has been pretty thoroughly sifted, so that I can hope to present to this meeting little that is new or original, but must be content with offering the results of a considerable amount of time spent in investigation and experiment.

The first point to be considered is, what is the best emulsifying agent? I think there is no doubt that powdered gum arabic best answers all requirements in a small way, though powdered gum tragacanth, Irish moss, and some others are successfully used. The proper preparation of an emulsion requires that the oil, gum and water shall bear a fixed proportion to one another. There is some little latitude permitted in this respect as a given weight of gum will emulsify from one to four parts of oil by weight, but a convenient and easily remembered ratio is oil four parts, water two parts and gum one part. This makes, with very little labor, a thick, creamy emulsion, which can be diluted with water, syrups, etc., so as to have the oil, in the finished product, present in any desired proportion. Thus, for a pint of emulsion of cod liver oil, containing fifty per cent of oil, which is the strength usually expected in this preparation, take:

Cod Liver Oil.....	8 ounces.
Powdered Gum Arabic...	2 ounces.
Simple Syrup.....	2 ounces.
Oil Bitter Almond or Wintergreen.....	10 drops.
Water, sufficient to make	1 pint.

Add the gum to the oils in a dry mortar, and rub smooth with a few turns of the pestle. Then add four ounces of water and triturate until a smooth, thick emulsion is formed, which can be readily done. Then stir in the syrup and water enough to make a pint.

For emulsion of cod liver oil with hypophosphites, prepare in the same way, having previously dissolved in the necessary water, ninety-six grains each of the hypophosphites of lime and soda, which gives twelve grains of the combined salts to the fluid ounce, about the amount usually found in preparations of this class.

The same rule may be applied to making emulsions of castor oil, but a fifty per cent emulsion is too thick to pour readily, and one containing twenty-five or thirty-three per cent of oil is more sightly, more easily handled, and answers all purposes.

I have found that a little oil mint is an excellent disguise for the disagreeable odor of castor oil, though the matter of flavoring emulsions is one which can best be left to individual taste, as the ordinary flavors, like almond or wintergreen, are distasteful to many people.

It can hardly be expected that preparations of this class can be kept for any length of time in hot weather without becoming more or less rancid, notably so the castor oil emulsions. I have found that the addition of a few grains of boric acid materially assists in arresting

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change, and as far as I can learn without affecting the value of the preparation.—*Read before the Conn. Pharm. Ass.*

MERCURIAL OINTMENT, by John Hodgsen.—The following process, I find, meets the requirements of good resistancy and color, and keeping qualities:

B. Anhydrous Lard.....50 parts.
Petrolatum .....26 parts.
Nitric Acid.....17 parts.
Mercury..... 7 parts.

Heat the lard in a suitable vessel; add seven parts nitric acid, without stirring; continue heat as long as moderate effervescence continues; add the petrolatum, stirring occasionally while congealing. In the meantime, dissolve the mercury in the remaining ten parts of nitric acid, with the aid of sufficient heat to prevent crystallization. This solution to be thoroughly incorporated with the ointment just as it begins to thicken.

In relation to the ointment, Mr. Hodgson said he had kept a sample seven months in perfect condition. The only objection he found to lard oil with nitric acid was that there was no apparent effervescence in small quantities. He did not know what the result would be with larger quantities.

QUININE TANNATE. — Any tasteless preparation of quinine is a welcome addition to materia medica, and one of the best hitherto known is Rozsnyay's neutral quinine tannate, the preparation of which, however, is kept very secret, and the attempted imitations of it have as yet led to no practicable result.

Julius Fiebert, apothecary in Dunkler, has given his attention to the matter, and asserts that he has succeeded in preparing a quinine tannate quite equal to Rozsnyay's. Fiebert operates as follows:

Twenty parts of quinine sulphate are mixed with about four parts of distilled water, to which twenty parts of dilute sulphuric acid are added to effect the complete solution of the quinine sulphate. When the latter is entirely dissolved, the whole is diluted with distilled water to make up 1,000 parts, filtered and treated, under constant stirring, with forty parts of a previously prepared solution of sodium carbonate dissolved in four parts of water.

The precipitate thereby obtained (quinine hydrate) is collected on a paper filter, well washed with cold distilled water, and, while still moist, dissolved in two hundred parts of alcohol of ninety-six per cent. This solution is filtered and gradually dropped, stirring the while, into a clear solution of tannic acid, prepared by digesting sixty parts of tannic acid with 1,000 parts of distilled water in the cold.

The whole is allowed to stand for a few hours to settle, and the white precipitate of quinine tannate is collected on a filter previously moistened with distilled water, and washed with distilled water at a temperature of 30° C, until the washings lose all astringent taste. The salt is then dried on bibulous paper, placed on a hair or wooden sieve, at a temperature not exceeding 30° C.

Twenty parts of quinine sulphate yield from sixty to sixty-five parts of tannate.

The employment of iron instruments or vessels must be avoided.—*Chemist and Druggist.*

AN ELEGANT FORMULA FOR PRESCRIBING GALLIC ACID:—

Acid Gallic.....1 drachm.
Glycerine.....1 ounce.
Water .....5 ounces.
M. Sig.: Tablespoonful.

ELIXIR OF BROMIDES.—Take

Bromide of Potass.....600 grains.
Bromide of Soda.....380 grains.
Bromide of Ammonia....300 grains.
Simple Elixir, to make.. 1 pint.
Mix and filter.

Each fluid drachm contains ten grains of the bromides.

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TINCTURE OF ARNICA.—Now, in regard to tincture of arnica, as laid down in the dispensatory, it says: Take of arnica flowers six troy ounces, one and a half pints alcohol, a pint of water; moisten them, and pound the daylights out of them, and cui bono? I have found a much easier and far superior way to make tincture of arnica, and have done so for some three years; and now all my friends have adopted my rule, and are much pleased with the results: Take four ounces arnica flowers, one pint boiling hot water, and one pint and four ounces alcohol; mix them, and place the flowers in a tin percolator, packed down tightly, and pour on the hot menstruum, and let remain on same, covered tightly, some twelve hours, or over night, and then remove the cork and let the percolation begin; then pour on enough diluted alcohol to make one quart of tincture, the result being a fine, strong, dark tincture, having a strong odor of arnica, and very effectual when used as a liniment. Always have the alcohol some two or four ounces in excess of the water; even one ounce will prevent it from becoming turbid. It always keeps clear and nice if made as described.—*Druggist.*

REMOVING ODORS FROM BOTTLES.—One of the most simple and effectual means for cleaning vessels in which odorous liquids have been kept is to wash them with a mixture of powdered black mustard and warm water. Before using this all visible remains of the former contents should be removed by scalding, scouring, or by agitating shot or pebbles with water in the vessels.

STRONG ALCOHOL.—To free alcohol as much as possible from water, put into it strips of clear gelatine; this will absorb the water, and can be removed when too soft. It is an easy, although not quick, method, and leaves the alcohol bright and clear.

SYRUPUS MAIDIS STIGMATA — SYRUP CORN SILK.—This syrup has gained considerable reputation among the physicians of this locality in the cure and relief of cystitis and kindred troubles. To be efficient it should be made from the green (undried) silk. The following formula furnishes a perfect preparation as regards appearance, color, and keeping qualities:

R. Green Corn Silk.... ....2 ounces.

Pulp in a large Wedgwood or porcelain mortar with eight ounces of fluid, composed of water 6 oz., alcohol 2 oz. When thoroughly pulped and mixed, transfer to a glass funnel or percolator, the outlet of which is stopped with a cork, let macerate for twenty-four hours, and collect eight ounces of percolate by adding sufficient of the above menstruum. To this percolate add eight ounces of granulated sugar and dissolve cold by agitation. Dose: One to two teaspoonfuls every two to four hours.—*John H. Hurty, in the Indiana Pharmacist.*

IMPERMEABLE COURT PLASTER.—A kind of court-plaster, bearing the name emplastrum impermeable russicum, has been of late introduced into the market, which exhibits a white enameled skin, made adhesive on one side by a layer of isinglass. The skin removed from the latter was found to consist of a mixture of collodium, zinc oxide, and castor oil. This impermeable court-plaster may be made by mixing collodium with sufficient castor oil to render it elastic when dry, the oil having been previously rubbed up with some zinc oxide. By dipping glass plates into this mass, and allowing the film formed to dry on them, and then redipping and re-drying two or three times, a film of suitable consistency would be obtained. This, painted over with a strong solution of isinglass and dried, would complete the operation.—*Drug News.*

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DIALYZED IRON.—Dr. Prosser James has lately said, in a summary of the position which dialyzed iron is entitled to hold in medicine, that the persalts of iron are frequently employed solely on account of their astringency, while the protosalts are occasionally considered as being destitute of this quality. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference is given to the reduced iron.

The scale preparations of iron are held in repute, both from the extreme facility of their use, and their agreeable taste. When these three forms of iron are inadmissible, dialyzed iron may be resorted to with admirable effect. It is a milder chalybeate than the three preceding, and does not produce the slightest irritation.

A recent analysis by Professor Tichborne of Wyeth's preparation agrees almost exactly with Graham's statement, that dialyzed iron contains 98.5 parts of the oxide and 1.5 parts of hydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not giving rise to the blood-red color on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer colored yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitric, acetic, or muriatic acid. Graham's solution gelatinized in about twenty days, and he regarded it as a solution of colloid ferric hydrate which, he considered, existed in both a soluble and insoluble form. It is, however, never free from chlorine. Theoretically, the liquid is a solution of a basic oxychloride, but it can never be imitated by dissolving saturated solutions of the hydrate. All these artificially made liquors are astringent, with ferruginous taste and acid reaction.

Respecting the therapeutic value of dialyzed iron, of which there has lately been some inclination to doubt, Dr. James says there is no question. By the method now followed of counting blood-corpuscles, it is found that the taking of diolyzed iron both increases their number and improves their condition. Dr. James gives, as an average dose, twenty to fifty drops, daily, in three doses. Dr. Weir Mitchell, of Philadelphia, gives as much as a drachm at a time.

Specimens have appeared in the market which are not only innocent of any acquaintance with a dialyzing membrane, but seem little else than diluted solution of perchloride of iron.—*From the London Chemist and Druggist.*

MERCURIAL GLYCERITE.—The absorption by the skin of any medicament incorporated with a fatty substance is very feeble, except for mercurial ointment. According to M. Vigier (*Gaz. Heb. de Med.*), any substance incorporated with glycerine (iodide of potash, chlorhydrate of morphine, etc., etc.), is not absorbed. He considers that this property of glycerine is due to its not wetting the skin. Experiments on himself and his éleves, have proven that the active substance thus incorporated never produces its constitutional effects. It is for this reason that he recommends glycerine instead of lard in mercurial preparations for scabies, pediculi corporis, etc., as they have an antiparasitic effect without being absorbed. The following glycerite, notwithstanding the caustic nature of its principal ingredient, may be used without danger:

R. Hydrarg. Bichlorid...1½ drachms.
Glycerine.....3 ounces. M.

GLYCEROLE OF TAR.—Will some one please give a formula for making glycerole of tar, and oblige

Madison, Wis. WM. T. BROWN, M.D.

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SYRUP OF TOLU.—M. Malenfant in the *Journ. de Pharm. et de Chim.*, remarks on the tendency of tolu after keeping some time to give an odor of benzine, though retaining its pleasant taste. This he finds due to decomposition of the cinnameine and the mela cinnameine of the balsam. He recommends the preparation of the syrup from the tincture by the following process:

Tincture of Tolu.....8 ounces.
Water.....3 pints.
White Sugar.....2½ ounces.
White of one egg.

Beat the white of the egg, to one pint of the water add the sugar in fine powder, pour the tincture on the sugar, add the rest of the water, mix well with the skimmer, boil over a good fire as quickly as possible, pour into the strainer without skimming, and filter through paper. This syrup may be kept indefinitely. It is essential that the boiling should be very brief or the resinous part of the balsam will be dissolved in the syrup, and it will then be impossible to clear it.

HAIR WASH.—The following hair wash will be found very efficacious, slightly stimulating and cleansing the scalp:

B. Potassii Iodidi.....1½ ounces.
Pulv. Sodii Biborat.1½ ounces.
Aquæ Ammoniæ...1½ ounces.
Tinct. Lyttæ Ves...1½ ounces.
Ol. Rosmarini.....2 drachms.
Ol. Myristicæ.....2 ounces.
Aq. Cologiens.....4 pints.
Ol. Macidis.....1½ ounces.
Aquæ.....8 pints. M.

—*Medical Bulletin.*

LUBIN'S EAU DE TOILET FOR THE SKIN.—This is a very fashionable toilet requisite used in Paris, and may be pretty closely imitated by the following combination:

Violet Root Tincture.... 1 ounce.
Tincture of Tolu Balsam.. 3 drachms.
Tincture Musk.....12 drops.
Extract de Mousseline.... 3 drachms.
Oil of Lavender.....16 drops.
Oil of Bergamot.....28 drops.
Oil of Cloves..... 1 drop.
Oil of Ylang Lang..... 5 drops.
Spt. of Wine (80 per ct.).. 2 ½ ounces.

MANUFACTURE OF DEXTRINE.—To every 100 pounds of ground Indian corn is added eighteen to twenty-three gallons glucose juice of two deg. B. (oxidized by æration or ozone to escape the flavor of the usual mineral oxidizing agents,) together with one and a half pounds concentrated phosphoric acid. The mixture is boiled until the whole of the glucose is converted into dextrine, the solution cooled in a closed vessel to 125 degrees Fahr., neutralized with an alkaline saccharate, and filtered through animal charcoal under pressure, giving a clear, neutral liquid of ten deg. to twelve deg. B., which is concentrated to twenty-three deg. B. in vacuo, again filtered through bone-black and concentrated to the required density.—*Charles Langa, in U. S. Patent Gazette.*

MUCILAGE FOR LABELS.—Macerate five parts good glue in eighteen to twenty parts of water for a day, and to the liquid add nine parts of rock candy, and three parts of gum arabic. The mixture can be brushed upon paper while lukewarm; it keeps well, does not stick together, and when moistened adheres firmly to bottles. For labels of bottles it is well to prepare a paste of good rye flour and glue, to which linseed oil, varnish, and turpentine have been added in the proportion of half an ounce of each to the pound. Labels prepared in the latter way do not fall off in damp cellars.

MISTURA VINI GALLICI:—

R. Spt. Vini Gallici.....4 ounces.
Aquæ Cinnamomi.....4 ounces.
Vitelli Ovi.....2 ounces.
Sacchari..... ½ ounce.
Ol. Cinnamomi.....2 minims.

M. Sig.: A tablespoonful as occasion may require.

CHURCHILL'S TINCTURE IODINE.—Will some one please give the formula of Churchill's Tinct. of Iodine, and oblige, yours respectfully,

Ramsey, Ill. D. B. GOLDSMITH, M. D.

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THE solubility of camphor in water is increased by mixing tincture of myrrh with the spirit of camphor in the proportion of half a drachm to an ounce. Cold water dissolves more than hot.

UNDER the name of moka-kina, the following is quite popular in Flanders:

Peruvian bark, coarse powder, one ounce; roasted coffee, coarse powder, one ounce; lactate of iron, forty-eight grains; sherry wine, twenty ounces.—*Druggists' Circular.*

A SOCIETY of influential men has been organized to prevent further progress of metric measures and weights. The endeavors by the new pharmacopœa to force American pharmacists to discard their convenient and sufficiently accurate measures of capacity seems exceedingly imprudent, to say the least.

HUNGARIAN COSMETIC. — Melt thirty parts of white wax on a water-bath, and add twenty parts of powdered almond soap, and twenty parts of a solution of one part of gum arabic in sixty parts of rose-water. Stir the mixture until it cools, and perfume it with one part of oil of bergamot, or one-fifth part of oil of rose.

CEMENT FOR RUBBER.—Powdered shellac is softened in ten times its weight in strong water of ammonia, whereby a transparent mass is obtained, which becomes fluid after keeping some little time without the use of hot water. In three or four weeks the mixture is perfectly liquid, and, when applied it will be found to soften the rubber. As soon as the ammonia evaporates the rubber hardens again,—it is said quite firmly,—and thus becomes impervious both to gases and to liquids. For cementing sheet rubber or rubber material in any shape to metal, glass, and other smooth surfaces, the cement is highly recommended.

Special Notes.

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The *bound* volume MEDICAL BRIEF, 1881, will be mailed, postage paid, for $1.50.

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We call special attention to Dr. A. W. Tipton's book, and advise all the readers of the BRIEF to send for it.

The attention of physicians is called to the advertisement of W. R. Church. The vehicle advertised is certainly novel and convenient, and all physicians who contemplate buying a vehicle would do well to write for prices and circulars.

Dr. S. S. Staufer, 624 Franklin street, Philadelphia, Pa., will send his catalogue of Gynæcological Instruments to all who mention the MEDICAL BRIEF.

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A CARD.—Owing to the numerous inquiries I am receiving daily from the readers of the MEDICAL BRIEF regarding my statement of the results obtained by me from the use of the Electric Brush Battery, I take this method of answering such inquiries that the report of cures made by me in the *Lancet and Clinic and Sanitary News* and copied in the MEDICAL BRIEF of January issue, '83, was made for the information of the profession. Physicians desiring this novel appliance should address the American Electric Brush Company, Cincinnati, Ohio. I still find it a convenient and efficient Faradic Battery.

H. MALLORY, M. D.

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After several months' trial of IODIA, both in private and hospital practice, I find, as an alterative it has no superior in the Materia Medica. L. H. LAIDLEY, M. D.
(Prof. of Gynæcology St. Louis College Physicians and Surgeons.)
St. Louis, Mo.

Allow me to state that I have used your preparation, BROMIDIA a good deal, with patients under my care in the Georgia Lunatic Asylum, and have found it to be an excellent hypnotic—efficacious and safe. I have obtained the best results in cases of insomnia where other remedies have failed entirely. I. H. HALL, M. D.
(Asst. Physician State Asylum.)
Milledgeville, Ga.

Joseph Taber Johnson, A. M., M. D., Gynæcologist to Providence Hospital, Washington, D. C., pays this tribute to LISTERINE:

"I have used LISTERINE in the same class of cases in which I have been accustomed to use carbolic acid, and have been much pleased with results. In uterine cases, and for removing odor from my hands after examinations, I employ it frequently. Its freedom from the peculiar odor of the carbolic acid is much in its favor. It is an excellent remedy, properly diluted, to correct the foul smells after abortion, and to disinfect offensive lochial discharges. I often use it in obstetrical cases. In syphilitic and catarrhal ulcers, and discharges in the throat and nasal passages, it promptly corrects the intolerable odor, and gives equal satisfaction in offensive leucorrhœa."

FOR SALE—A good practice, my house and lot, cheap for cash; or will exchange for interest in a drug store. For particulars, address S. L. WYNNE, M. D.
Looxahoma, Tate Co., Miss.

I was called to see our respected postmaster, suffering from nervous prostration occasioned by excessive use of laudanum. Had been suffering for about a week before they called me in. I at once resolved to test Celerina. I prescribed one teaspoonful three times daily; in forty-eight hours saw him again, and he said: "Doctor, you have just 'hit the nail on the head' the first pop. You have certainly afforded me all the relief I could possibly expect in so short a time. I slept well last night, and feel refreshed this morning."

I at once sent for a second supply. The result of the last lot has been equally satisfactory as the first; am certainly greatly pleased with the remedy.

I am equally well pleased with the Pinus Canadensis, having a case of chronic cystitis on hand, as well as one of conjunctivitis, both of which yielded rapidly to the remedial influence of the Pinus Canadensis. For general purposes, I prefer the white.

J. P. RICE, M. D.,
Jan. 25, 1883. Castroville, Texas.

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The Bicycle for Physicians and Patients.

Practicing physicians have not failed to observe, in very recent years, the value of the bicycle as a tonic for the human system. Many, as one of them has written, "regard this preparation of Iron as better than any in their Materia Medica." Fresh air, sunlight, change of scenes, bodily exercise, and mental diversion, are restoratives which every physician has frequent occasion to prescribe, and even contrive how he may induce his patient to take. Horseback riding, driving, boating, gardening, light gymnastics,—How often are these recommended by the medical adviser; and how often is the advice unheeded for want of means or facilities to carry it into beneficial effect!

The bicycle secures for its rider all the above mentioned requisites, and is available to nearly all.

For the aged and the disabled the tricycle is an easy substitute, and nearly all may be said in its favor that is urged for the bicycle. So what is said of "the wheel" may be taken to include the application to both forms of the modern velocipede.

The use of the bicycle calls into exercise the muscles of the trunk and of every limb of the body, in an evenly distributed and exhilirating play. It quickens the circulation of the blood, strengthens the respiratory organs, tones up the nervous system, stimulates the digestive and secretory organs, and consequently induces good appetite and sound sleep. It is less wearisome than horseback riding, less monotonous than gymnastics, more positive as a functional stimulus than driving, and more available, economical, and enjoyable than either of these, or than boating and other forms of physical recreation.

"Bicycling has cured me of insomnia," writes a divine. "I was afflicted with constipation until life was a burden," says a busy solicitor, "and no dose was effective for relief; since I took up bicycling I am regular as the sunrise." A successful merchant assures the writer that he suffered much distress and frequent treatment for piles; but the wheel has made him whole. A prominent lawyer informs us that he was a marked victim of consumption, and was cured by bicycle riding to and from his office. A banker suffering the miseries of dyspepsia followed the writer's advice and example, and became ruddy with health and a hearty eater, from continued bicycling.

Of course, these instances, and many more which might be cited, are only illustrations of a principle known to every physician, and the same results might have followed the adoption of other means of physical recreation, involving positive bodily exercise in open air and sunshine, with mental diversion.

What gives much of the superiority of bicycling is the peculiar fascination attending it; a charm almost unexplainable, but recognized by every wheelman. An exercise in which one takes an interest, or which leads as a means to an attractive end, is doubly efficacious.

So far we have written with a sincere desire to encourage physicians to recommend bicycle riding as a promotive of health. "Physician, heal thyself." Thou needest the *positive* exercise which the practice of thy profession does not give, and the diversion of brain and senses which thou wouldst recommend to others. *Verbum sap sapienti.*

The horse and buggy is considered a necessary part of a physician's outfit. To most young physicians, at least, the bicycle is destined to be considered as necessary. By some it is used instead of a horse; by others, as an additional resource. It is ready to mount, without waiting for harnessing or care; it never runs away when left; it costs nothing to stable it, and it costs only the price of a poor buggy to begin with. It therefore saves both time and money, while it conserves health, and in one accredited instance, at least, has saved a patient's life by its speedier conveyance. For visits or sudden calls in office hours, and for night use, it is much more available than a horse.

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While lawyers are riding it to and from their offices, and clergymen are making by its aid their exchanges, and college professors and school-masters are by it enabled to "keep a carriage" and keep their health at the same time, it is not strange that physicians are already availing themselves of this modern chariot to a considerable extent, and the only wonder is that it does not with this professional class become almost universal. Abroad they are more nearly so; but in America it is only within four years that they have been easily accessible. This perhaps accounts for the fact that comparatively few physicians ride them. Now America not only has the largest bicycle factory in the world, but produces the finest and most reliable, and has dealers in all large cities. The Columbia Bicycle is as accessible as the Springfield Rifle, and as excellent.

The facts about bicycles for general use can, however, be obtained from any dealer. What we wished to call attention to, is its claim on the attention of the practicing physician,—*first*, as a prescription for convalescents and chronic, but not entirely disabled, invalids; and, *secondly*, as a useful instrument for the practitioner.

Book Notices.

THE FUNCTIONS AND DISORDERS OF THE REPRODUCTIVE ORGANS IN CHILDHOOD, YOUTH, ADULT AGE AND ADVANCED LIFE CONSIDERED IN THEIR PHYSIOLOGICAL, SOCIAL, AND MORAL RELATIONS. By Wm. Acton, M. R. C. S. Late Surgeon to the Islington Dispensary, and formerly externe to the Venereal Hospital, Paris. Fellow of the Royal Medical and Chirurgical Society, etc., etc. Sixth edition. Philadelphia: P. Blakiston, Son & Co, 1012 Walnut street, 1883.

The author has, in a very emphatic and honest manner, grappled with a very important subject, as far as society and humanity are concerned. He discusses sexual vice in a way that leads one to believe that the author is master of details and thoroughly familiar with the question in all of its phases.

Mr. Acton shows plainly that he is not hedged in by preconceived notions, but that he can meet living issues in a fair, candid, and upright manner. He gives due credit to Carpenter, Tallemand and Parise, preferring that they should share the responsibility of many statements which he could have established from his own experience. It is a work of merit although little that is new is added to the present edition, but its influence upon public health and morals will be good.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE, FOR THE USE OF PHYSICIANS AND STUDENTS—By James Tyson, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; President of the Pathological Society of Philadelphia; one of the Physicians of Philadelphia, etc., etc., etc. Fourth edition. Revised and corrected, with colored Plates and Wood Engravings. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut street, 1883.

A most excellent little manual upon a very practical subject, tersely written, and handsomely illustrated. Dr. Tyson brings to bear an experience of many years in almost daily microscopical and chemical examinations of urine, and what he says therefore should be carefully read and considered. The book will amply repay a studied perusal.

QUIZ COMPENDS? NO. 4. A COMPEND OF HUMAN PHYSIOLOGY, ESPECIALLY ADAPTED FOR THE USE OF MEDICAL STUDENTS. By Albert P. Brubaker, M. D., Demonstrator of Physiology in the Jefferson Medical College; Member of Pathological Society. Philadelphia: P. Blakiston & Co., 1012 Walnut street, 1883.

As a compendium for students on this very important subject it is of considerable value. It is thoroughly practical, neatly arranged, and well adapted to the student's wants. We have carefully examined it and can cheerfully commend it for the purposes for which it is written.

POCKET THERAPEUTICS AND DOSE BOOK—With classification and explanation of actions of medicines; min. and max. doses in Troy weights, with their equivalents in the Metric weights; genitive endings of all medicines and preparations given in italics; Index of Common and Pharmaceutical names; Index of Diseases with appropriate remedies; Table of Solubilities; Illustrations and examples in Prescription writing; Poisons, their symptoms, antidotes and treatment; Incompatibles and antagonists; Useful hints to the Prescriber, etc., etc. By Morse Stewart, B. A.,

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M. D. Third edition, revised and enlarged. Detroit, Mich.: Geo. D. Stewart & Co., November, 1882.

A valuable little book, containing many important suggestions and embraced in a small compass for ready and immediate use. The decimal point in the Metric system is wrongfully placed.

THE DISEASES OF THE PROSTATE. THEIR PATHOLOGY AND TREATMENT — By Sir Henry Thompson, Surgeon Extraordinary to His Majesty the King of the Belgians, Consulting and Emeritus Professor of Clinical Surgery to University College Hospital; Fellow of University College; Honorary Corresponding Member of the Société de Chirurga of Paris, etc. Fifth London edition. Philadelphia; P. Blakiston, Son & Co., 1012 Walnut st. London, J. & A. Churchill, 1883. Price 75 cents. In cloth $1.25.

The value of a work is sometimes estimated by its rapid sale and its frequent revisions and editions. Judged by this standard Sir Henry Thompson's recently revised edition (5th) on "The Diseases of the Prostate," is of great value and importance. In this edition we have a résumé of all that is known of the prostate and of its diseases at the present time. Numerous modifications and additions have been made to the text and the work enlarged and improved in harmony with an advanced personal experience and accumulated knowledge of the author upon this subject. "A new chapter on operations designed to relieve patients with advanced prostatic disease" is added. The work is up to the standard of works upon this subject, if not in advance, and as such can not fail to be of value and interest to all who are cultivating this and kindred subjects, we cheerfully commend the work.

A LARGE FIBRO-CYST OF THE UTERUS AND OVARIAN CYSTOMA, CO-EXISTING WITH PREGNANCY; OPERATION; RECOVERY.— By Walter Coles, M. D., St. Louis, Mo. Reported to St. Louis Obstetrical and Gynæcological Society, October 19th, 1882.

BROMIDE OF ETHYL. The most perfect anæsthetic for short, painful surgical operations. By Julian Chisholm, M. D., Professor of Eye and Ear Diseases in the University of Maryland, Surgeon in charge of the Presbyterian Eye and Ear Charity Hospital, Ophthalmic Surgeon to the University Hospital, etc.

MANUAL OF GYNÆCOLOGY. By D. Berry Hart, M. D., F. R. C. P. E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh; late President of the Royal Medical Society, etc.; and A. H. Barbour, M. A., B. Sc., M. B., Assistant to the Professor of Midwifery, University of Edinburgh, late President of the Royal Medical Society. Volume I; with eight plates and one hundred and ninety-two wood cuts. New York: William Wood & Co., 56 and 58 La Fayette Place. 1883.

Wm. Wood & Co. propose publishing a series of standard medical works on various medical topics. Beginning with January, they have put forth a Manual of Gynæcology, written by D. Berry Hart, M. D., and A. H. Barbour, M. A. The authors have started out well by making the study of the anatomy, physiology and pathology of the pelvic organs the foundation upon which to erect a good clinical work.

The subject-matter indicates thought and carefulness in its preparation, and the authors exhibit a desire to present the latest scientific digest of the advance medical teachings of the day upon this important subject. The illustrations—nearly two hundred—are fair, and the paper and printing good and up to the standard. The book will amply repay a careful perusal of its contents.

SCROFULA AND ITS GLAND DISEASES. An Introduction to the General Pathology of Scrofula, with an account of the Histology, Diagnosis and Treatment of its Glandular Affections. By Frederick Trevis, F. R. C. S., England; Assistant Surgeon to and Senior Demonstrator of Anatomy at the London Hospital; late Wilson Professor of Pathology at the Royal College of Surgeons. Philadelphia: Henry C. Lea's Son & Co. 1883.

The general pathology of scrofula has received very little attention in any work in the English language since the writings of Phillips and Glover in the year 1846. Its frequent occurrence demands that physicians should have a thorough knowledge of its history, causative pathology and treatment. Immense progress has been made in pathological science during the last decade, and upon no subject has more rapid advance

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taken place than that of scrofulosis. The author, in this work, has developed the most recent facts, as well as theories, that have been advanced as to its true nature and therapeutic indications. The book is written in a pleasing style, full of practical suggestions and valuable information on this important subject.

THE ILLUSTRATED QUARTERLY OF MEDICINE AND SURGERY—Vol. II., No. 1, for 1883, edited by George Henry Fox and Frederic R. Sturgis—is before us.

A number of valuable and exceedingly interesting contributions, from eminent and distinguished physicians and surgeons, make up this volume. Each article is handsomely illustrated, especially the one on "Dental Development." This is a valuable periodical, and should be in the hands of every practitioner of medicine and surgery. Send in your subscriptions to E. B. Treat, No. 757 Broadway, N. Y. Price, $8.00—payable, if desired, in quarterly payments of $2.00.

REVIEW OF THE NEW DRUGS introduced during the past ten years. By Fred. B. Kilner, New Brunswick, N. J. Read before the N. F. Pharmaceutical Association, at the twelfth annual meeting, held in Atlantic City, Wednesday, May 17th, 1882.

WHAT SHALL WE DO FOR THE DRUNKARD? A Rational View of the Use of Brain Stimulants. By Orpheus Everts, M. D., Supt. Cincinnati Sanitarium; late Supt. of the Indiana Hospital for the Insane, etc.

SPINAL DEFORMITIES, FRACTURE OF THE FEMUR, ORTHOPÆDICS AND INJURIES. Extracts from Clinical Lectures delivered by Edward Borck, M. D., St. Louis, Mo.

SOME THOUGHTS ON PHTHISIS, with special reference to the value of Laryngeal Symptoms in Diagnosis. By M. F. Coomes, M. D., Louisville, Ky.

NASO-AUTRAL CATARRH AND ITS TREATMENT. By W. H. Daly, M. D., Pittsburgh, Pa., Fellow of the American Laryngological Association; Physician for Diseases of the Throat and Lungs to the Pittsburgh Free Dispensary, Pittsburgh, Pa.; Senior Physician to the Western Pennsylvania Hospital, Pittsburgh, Pa.; Ex-President of the Alleghany County Medical Society, etc. Reprinted from Archives of Laryngology, Vol. III., No. 4. October, 1882.

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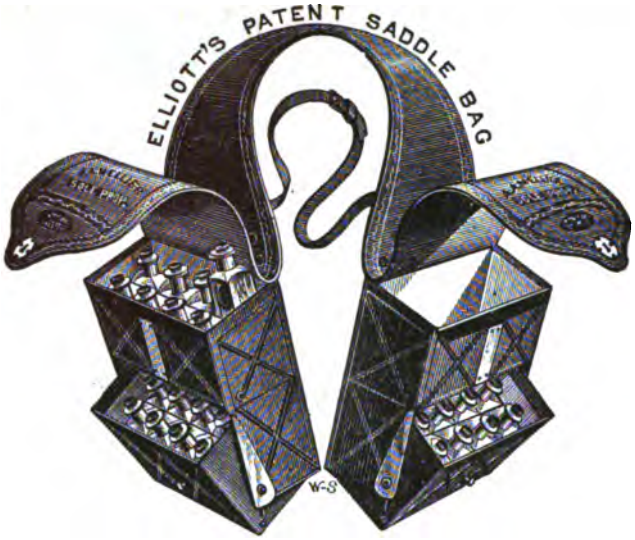

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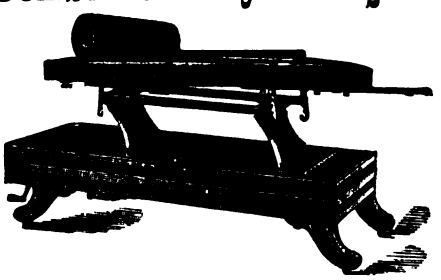

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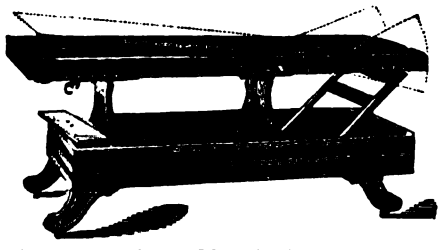

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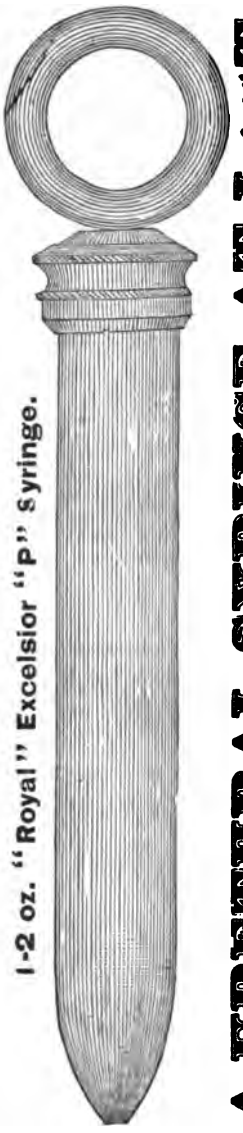

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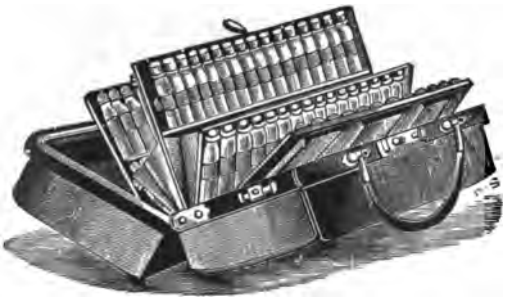

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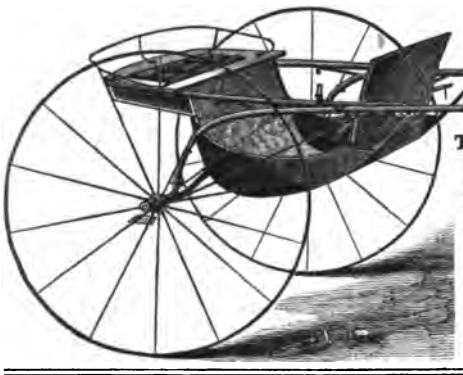

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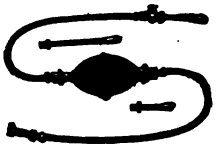

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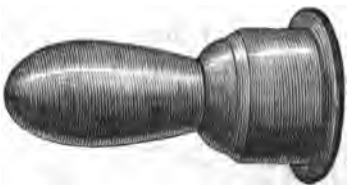

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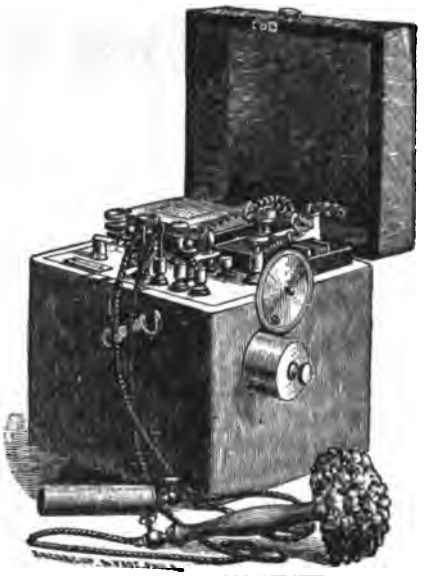

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FOR

DISEASES of URIC ACID DIATHESIS.

Dr. WILLIAM A. HAMMOND, of New York, Surgeon General U. S. Army (retired), Professor of Diseases of the Mind and Nervous System in the University of New York, etc.

"I have for some time made use of the Buffalo Lithia Water in cases of affections of the NERVOUS SYSTEM, complicated with BRIGHT'S DISEASE OF THE KIDNEYS, or with a GOUTY DIATHESIS. THE RESULTS HAVE BEEN EMINENTLY SATISFACTORY. Lithia has for many years been a favorite remedy with me in like cases, but the BUFFALO WATER CERTAINLY ACTS BETTER THAN ANY EXTEMPORANEOUS SOLUTION OF THE LITHIA SALTS, AND IS, MOREOVER, BETTER BORNE BY THE STOMACH. I also often prescribe it in those cases of CEREBRAL HYPERÆMIA, *resulting from over-mental work*—in which the condition called NERVOUS DYSPEPSIA exists—AND GENERALLY WITH MARKED SUCCESS."

Dr. HUNTER McGUIRE, Richmond, Virginia, late Professor Surgery Medical College of Virginia; President of the International Medical Congress; Vice-President American Medical Association.

"Buffalo Lithia Water, Spring No. 2, as an ALKALINE DIURETIC, is invaluable. In GRAVEL dependent upon the URIC ACID DIATHESIS, and indeed, *in Diseases generally of that Diathesis*, it is a remedy of *extraordinary potency*. I have prescribed it in cases of Rheumatic Gout, which had resisted the ordinary remedies, with wonderfully good results. I have also used it in my own case, being a great sufferer from this malady, *and have derived more benefit from it than from any other remedy.*"

Dr. HARVEY L. BYRD, of Baltimore, President and Professor of Obstetrics and Diseases of Women and Children, in the Baltimore Medical College.

"I have witnessed the best results from the action of the Buffalo Lithia Water, Spring No. 2, in CHRONIC GOUT, RHEUMATIC GOUT, RHEUMATISM, GRAVEL and STONE in the BLADDER, and I do not hesitate to express the opinion, that in *all* diseases depending upon or having their origin in the URIC ACID DIATHESIS, it is UNSURPASSED, IF, INDEED, IT IS EQUALED BY ANY WATER THUS FAR KNOWN TO THE PROFESSION."

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